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ABSTRACT

The study focused on the special education identification through placement procedures for mildy handicapped students in one school district in order to: (1) describe what occurred in the decision making process in relation to what was "supposed" to occur, and (2) analyze collected data to identify factors which influenced decisions. Data were collected at three middle schools by using noted observations, tape recordings of meetings, tape recorded interviews of individuals involved in the process, and collected documents. Observations revealed that procedural steps were indeed followed, but decisions were influenced by factors unaddressed or assumed in the written procedures. The underlying assumptions of the procedures did not fit the reality of the school organization. Data analysis suggested four major factors which influenced decisions in the special education identification through placement process: (1) individuals continued to be decision makers despite the requirement that groups (teams) be used for decision making; (2) school personnel had limited time available for team meetings and procedural steps were lengthy: (3) information systems did not facilitate the flow of available information; and (4) limited interventions at the regular classroom level encouraged referral and placement decisions. The study found that procedural requirements operate within organizational constraints, suggesting that human and bureaucratic influences be considered when developing or changing procedures for making decisions about prospective special education students. (Author/CL)

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THE IDENTIFICATION THROUGH PLACEMENT PROCESS FOR MILDLY HANDICAPPED STUDENTS IN MIDDLE SCHOOLS

BY
CAROL BYLER MASSANARI
B.A., Goshen College, 1971
M.A., University of New Mexico, 1976

DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy in Special Education

The University of New Mexico
Albuquerque, New Mexico
May, 1984

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A project such as this would not be possible without the assistance and support of many individuals. I wish to express sincerest thanks to those who helped make its completion possible.

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THE IDENTIFICATION AND PLACEMENT PROCESS FOR MILDLY HANDICAPPED STUDENTS IN MIDDLE SCHOOLS

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B.A., Elementary Education, Goshen College, 1971
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This study focused on the special education identification through placement procedures of one school district in order to: 1) describe what occurred in the decision making process in relation to what was "supposed" to occur, and 2) analyze collected data to identify factors which influenced decisions. The research problem was defined as: Given the written, logical, rational procedures surrounding the identification through placement process for mildly handicapped populations, what factors have influenced the decisions made about these children?

Data were collected at three middle schools by using noted observations, tape recordings of meetings, tape recorded interviews of individuals involved in the process, and collected documents. All interviews were transcribed verbatim and tape recordings of meetings were kept intact for verification and elaboration of field notes. During the analysis phase, the writer reviewed all of the collected data, developed conceptual categories based on various pieces of data, compared data within categories, compared categories, noted recurring themes, identified relationships between various pieces of data, and discovered factors which influenced decisions based on identified relationships.

Observations revealed that procedural steps were indeed followed, but decisions were influenced by factors unaddressed or assumed in the written procedures. The underlying assumptions of the procedures did not fit the reality of the school organization. Data analysis suggested four major factors which influenced decisions in the special education identification through placement process: 1) individuals continued to be decision makers despite the requirement that groups (teams) be used for decision making; 2) school personnel had limited time available for team meetings and procedural steps were lengthy; 3) information systems did not facilitate the flow of available information; and 4) limited interventions at the regular classroom level encouraged referral and placement decisions.

The most important implication of this study was that procedural requirements operate within organizational constraints. This would require that human and bureaucratic influences be considered when developing or changing procedures for making decisions about prospective special education students.

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CHAPTER I

Introduction

Purpose and Problem

Categorizing and labeling, separating one group from another, or grouping by a set of shared characteristics have been common practice since the beginning of time when humans first named the animals and plants. This practice of separating and categorizing has been followed steadfastly in the field of education, especially in the past 60 years (Kirp, 1974a, 1974b). However, the practice has come under a great deal of scrutiny as society has become more concerned with equality and constitutional rights. The major challenge has not been perceived as a need to do away with categorization or grouping, but, rather, how to make better or more accurate decisions about students (Adelman, 1979a; Hobbs, 1975; Rogow & David, 1974). Emphasis has been given to developing policies and procedures which ensure that students' civil rights have been protected and their educational needs met in an unbiased, fair manner (Poland, Ysseldyke, Thurlow, & Mirkin, 1979).

Much of the recent concern with the fallacies of grouping (Kirp, 1974a) has followed an increase in attention to civil rights (Mercer, 1974) and has continued to be a major educational concern as special education services have grown. The effort to establish equal access to education for all children has generated multiple problems with regard to appropriate placement decisions (Reynolds, 1980). Arguments in courts and legislatures have resulted in laws outlining policies that schools have been required to follow in identifying students for special education (Gallagher, 1974; Kirp, 1974b; Turnbull, 1981). Nonetheless, change in law "[has] not ensure[d] altered school behavior" (Kirp, Kuriloff, & Buss, 1975). When public policy has been effective, procedural changes at the local level necessarily have followed (Iannaccone, 1981). Policy formation has been only a beginning; it has had to be accompanied by policy implementation (Ballard-Campbell & Semmel, 1981), which has required that policy be translated into workable procedures. This generally has been the responsibility of the educational administrator.

Educational administrators have been influenced greatly by Weber's theory of bureaucracy; thus, schools have been perceived as administered by experts who have made decisions based on rational empirical processes or procedures (Owens, 1970). These same administrators supposedly have designed procedures to maximize the efficiency, effectiveness, and appropriateness of decision making by others within their organizations. The underlying assumption has been that implementation of a set of rational procedures has assured that decisions have been made appropriately. One step that has been advocated in dealing with problems of special education identification and placement has been the design of a clear set of administrative procedures (Patton, 1976) which, assuming the procedures have been followed, has assured the public of appropriate decision making with regard to children who need special education services.

Some have challenged the notion that schools have been rational organizations (March & Olsen, 1976). These authors have depicted schools as complex social organizations characterized by ambiguity and organized chaos (Cohen, March, & Olsen, 1976). The participants in the organization were viewed as "decision makers" and "problem solvers," but the "decision influencers" were seen as being more complex than traditional administrative theory has assumed (March & Olsen, 1976). Even though procedures have guided decision making processes logically, March and Olsen have proposed that other variables have affected decisions.

Even with clearly written procedures, decisions about students still have been questioned. Variation in application of procedures (Bradley & Howe, 1980; Weatherley & Lipsky, 1977), confusion regarding definitions (Hallahan & Kauffman, 1977; Reynolds, 1979), bias (Ysseldyke & Algozzine, 1979), and inadequacy of test instruments (Ysseldyke & Algozzine, 1979) have continued to be cited as problem areas in identification and placement of mildly handicapped students. Some of the solutions recommended have included better training, more specifically written procedures, and even changes in policy. While these suggestions may have been valid and appropriate, the extent to which they have assured quality education has remained untested (Ballard-Campbell & Semmell, 1981). If changes which produce more rules have not resolved problems and if over-emphasis on standards and routines has decreased flexibility, then it would be difficult to respond to unique, individual needs that arise (Iannaccone, 1981).

Before policies are changed, the process from identification until placement (noted as the identification through placement process in the remainder of this report) has needed to be examined as it functions in the organization. Research on the various aspects of testing, behavioral characteristics of handicapped students, and teaching methodology has contributed to special education theory in general, but a paucity of theory has existed in the area of developing and implementing special education policies and procedures (Ballard-Campbell & Semmell, 1981; Burrello, 1973). In effect, adminstrators have been forced to design, implement, and supervise special education procedures according to legal, ethical, political, and/or personal convictions rather than on the basis of empirical data.

Research investigating decision making about students has been carried out for over 30 years, but only recently have studies of the special education identification through placement process in operation been reported (Kirp, Kuriloff, & Buss, 1975; Paton, 1976; Ysseldyke & Thurlow, 1980). These recent studies have begun to describe the identification through placement process as it has functioned in school settings. Additional descriptive studies carried out in other settings with differing sets of procedures have been needed. Further, there has been a need for systematic analysis of the observations on which the descriptions have been based in an effort to develop a theoretical base which can guide the development and implementation of policies and procedures.

This research has arisen from the need to 1) provide further description of the process of identifying and placing mildly handicapped students in special education programs in the public school setting (the organization), and 2) analyze the data to understand why the process operates as it does. The original guiding question for this research was stated as: "What is the nature of the identification through placement process for mildly handicapped students?" More specifically, the research problem has been defined as:

> Given the written, logical, rational procedures surrounding the identification through placement process for mildly handicapped populations, what factors have influenced the decisions made about these children?

Definitions

In order to provide a common base of understanding, it has been necessary to define some of the terminology basic to this research.

Special Education. Special Education has been defined as:

> the provision of services additional to, supplementary with, or different from those provided in the regular school program by a systematic modification and adaptation of instructional techniques, materials, and equipment to meet the needs of exceptional children. (Public School Code, NMSA 22-13-6, Supp., 1979)

Identification through placement process. This has included all the steps/actions taken in an effort to determine which students receive special educational services. Referral, screening, diagnosis, and placement have been included in the process.

1. Referral has been the first step in the process and has involved someone (usually the teacher) noting some deficiency in a student and passing that information on to an individual or team of individuals responsible for screening.

2. Screening has been a process by which further information (including behavioral observations, reports from other teachers, cumulative folder information, and achievement tests) has been collected and analyzed. Based on an analysis of this information, a decision was made to refer or not to refer the student for a complete educational evaluation.

3. Diagnosis has consisted of having a battery of tests (including an intelligence test) administered to the student by a certified professional.

4. Placement has involved a determination of what program best fits the student's needs. This decision has been based on the information gathered during all previous steps in the process. Because of the requirements outlined by both federal and state regulations, this decision was to be made by a team of professionals rather than one individual.

Mildly handicapped. For purposes of this research the term mildly handicapped has referred to non-severe learning disabled (LD) and non-severe behaviorally disordered (BD) students. These are students whose disorders have not been so severe that the disability was immediately apparent. Definitions of both categories have been taken from A Plan for the Delivery of Special Education Services in New Mexico: Regulations (Proposed) (1979).

> LD: a learning disabled child is one with normal intelligence who exhibits one or more significant deficits in the essential learning process or perception, and impulse or motor function. These deficits may be demonstrated verbally or non-verbally. A

> discrepancy between expected and actual academic achievement is observable. These problems are not primarily the result of visual impaired, hearing impaired, physical handicaps, mental retardation, emotional disturbance, lack of opportunity to learn, lack of experience with the English language or cultural differences.
>
> BD: Within the educational setting, the behaviorally disordered child is one whose behavior may be discordant in relationships with others and/or whose academic achievement may be impaired due to an inability to learn utilizing the presented teaching techniques. The child's current behavior manifests either an extreme or a persistent failure to adapt and function intellectually, emotionally, or socially at a level commensurate with the child's chronological age.

Multidisciplinary team. In an effort to assure that decisions about students related to special education have been made with adequate input and with less bias, federal and state regulations (The Rehabilitation Act of 1973; New Mexico State Standards, 1976) have mandated the use of a group of professionals in such decision making. The group membership has been drawn from a variety of fields and could change depending on the nature of the decision. For this reason, three types of teams were observed in the study: the support team, the referral team, and the Educational Appraisal and Review (EA&R) committee.

1. The support team membership could vary from school to school but might have been comprised of classroom teachers, a special education representative, administrators, counselors, a school nurse, reading teachers, and a speech pathologist. The purpose of the support team was to resolve identified student problems through discussion and intervention.

2. The referral team membership could have been the same as that of the support team, but generally this team was considered more of a special education team and was presided over by an educational diagnostician. It was set up to process potential referrals for special education evaluation.

3. The EA&R committee was presided over by a special education program coordinator and might have included one or more parents, the special education head teacher, the receiving special education teacher, counselors, and any administrator (or designee) or other staff member who had a particular interest in attending (e.g., speech pathologist, regular education teacher, nurse, reading teacher). The EA&R committee was responsible for determining eligibility and for making program placement decisions based on a review of all available data.

Problem supervisor. This term was designed specifically for this study. It has been used to refer to the individual who collected, processed, and disseminated data about a student problem. Problem supervisors were usually counselors and special education head teachers. The role of problem supervisor was assigned specifically by the principal in two cases. In one case, the role originated with the counselor because of a principal assignment (i.e., the counselor was assigned as the primary person who received a student referral and collected preliminary data). However, the role could be transferred to another volunteering individual (e.g., a teacher) at the support team meeting. This was observed only four times; in one of those four cases, the counselor continued to share the role.

Program coordinator. This position was set up to monitor compliance with district, state, and federal regulations. The individual was housed at the area office and usually was assigned to several schools. This person's influence was based on expertise.

Special education head teacher. This individual served as chairperson for the Special Education Department at the school and was appointed by the principal.

Team chairperson. In this study, this title has served to identify the individual who was responsible for supervising the agenda and organizing the meeting. Only one of the three schools actually designated an individual to serve as chairperson, and this individual and the problem supervisor were the same in another school.

CHAPTER II

Methodology

Choice of methodology has been crucial to the process of research, for it has determined the types of conclusions that could be drawn; therefore, the choice of methods to be used should have been consistent with the purpose of the research. The purpose of this study was to describe and explain the factors which have affected the identification through placement process. In order to do this, the researcher sought to capture the "total" identification through placement picture. For this reason, a field study using a participant observation methodology was chosen.

There were several reasons why this methodology was a logical choice. First, in order to capture a complete picture, the researcher must have observed the process over a period of time and in various settings, and must have interviewed a wide range of persons involved in the process. Participant observation techniques have been described as designed to allow the researcher to "catch the process" as it has occurred (Bruyn, 1966, p. 13). Second, participant observation techniques have been defined as requiring that the participant direct efforts toward finding the meaning of events or discovering the emergent qualities of the process (Denzin, 1978;

Lutz & Iannaccone, 1969; Wilson, 1977). Third, this research was designed as a means for discovering those factors which have affected the identification through placement process rather than with the intent of proving or disproving a predetermined notion. Participant observation methodology often has been described as being concerned with discovery rather than proof (Glaser & Strauss, 1965; Malinowski, 1961; Woolcott, 1970), and therefore was best suited for this study.

Data Collection

The intent of data collection was to obtain as accurate a picture as possible of what was intended to occur and what actually did occur in the identification through placement process. In addition, the interpretations of those persons involved in the implementation and/or design of the process were also obtained. Finally, data collection involved gathering information about the organizational structure and historical developments which would help provide an understanding of what occurred.

Collection Techniques

Participation observation methodology has allowed the researcher to explore and inspect an area of interest thoroughly in an effort to understand what has been happening. Research using such a methodology has been described as an exploratory process (Blumer, 1978). Blumer (1978) stated that

> the purpose of exploratory investigation is to move toward a clearer understanding of how one's problem is to be posed, to learn what are the appropriate

> data, to develop ideas of what are significant lines of relation, and to evolve one's conceptual tools in the light of what one is learning about the area of life. (p. 39)

Because of the demand for flexibility in such research, data collection techniques also must have been flexible, and any techniques have been appropriate which help the researcher thoroughly explore the chosen field (Blumer, 1978). Rather than being confined to any particular set of techniques, the researcher has been encouraged to use a variety of techniques (Babchuk, 1962; Denzin, 1978; McCall & Simmons, 1969; Pohland, 1971; Wood, 1977) in an attempt to produce the most meaningful information (Schatzman & Strauss, 1973). While the participant observer has used whatever techniques have been appropriate and at his/her disposal, such techniques usually have included observation, informal interviewing, document collection, and social interaction with the subjects.

In the investigation of the special education identification through placement process, three data collection techniques were used. A large portion of the data was collected through observation. Observations included attending and taking notes during school based meetings concerned with special education referrals and meetings concerned with placement of students after diagnosis was complete. A total of 34 school based meetings were observed. In order to record the observations, written notes of what transpired plus tape recordings were used. The notes were later organized and typed. The tape recordings were not transcribed and served as a source of verification of the written observations and of backup data. To preserve confidentiality, certain meetings were not taped at the request of the participants. In these instances, notetaking only was used.

A second data collection technique involved interviewing. A large number of persons involved in the process, including persons in schools, in the area administration offices, and in the district administration offices, were asked to share their perceptions of various aspects of the process. A total of 52 school based interviews and 18 area and district interviews were conducted (see Appendix A). Of all who were asked to be interviewed, only three teachers declined. No reasons were given for their requests not to be interviewed. All interviews were designed to be informal and conversational in style. That is, no formal list of questions was used, but, rather, the questions varied according to the role and involvement of the person being interviewed. In many instances, similar types of questions surfaced. When interviewing regular classroom teachers, a list of guiding questions was used in order to alleviate the pressures of time limits. (Teacher interviews took place during their preparation periods, for a maximum of 45 minutes.) All interviews were taped and transcribed verbatim.

The third data collection technique involved collecting a variety of printed documents. These documents included such items as a policy and procedures manual, a teacher handbook for special education, correspondence, memoranda, forms, and reports.

The three forms of data (observations, interviews, and documents) yielded a wealth of information which was logged and stored for analysis. The use of these techniques allowed the researcher to maintain an accurate record of identification through placement activities.

School and Subject Selection

District 112 was a large (50,000+ students) school district. The intent of this study was to carry out school based research, which necessitated locating school personnel who were willing to allow observation of the special education identification through placement process. In an effort to maintain confidentiality and obscure identities, neither the schools nor school personnel have been described individually. Rather, a description of factors which were considered when selecting schools has provided the necessary school description.

District 112 was divided into three decentralized areas, each with its own administrative structure. In order to lessen the influence of procedural differences attributable to area administration, one school from each area was included in the study. One middle school from each of the three areas was used as an observation site for data collection in order to hold school level constant.

In addition to having representation from each administrative area, the researcher chose to include schools located in neighborhoods differing in economic status and ethnic mix. This was done in order to include any factors that might relate to socio-economic status. Of the three schools chosen, one school represented a high economic ($28,000 estimated average family income) neighborhood with a predominantly

Anglo-American population. Another school was located in a low economic ($13,000 estimated average family income) neighborhood with a predominantly Hispanic population. The third school represented a middle economic ($15,000 estimated average family income) neighborhood with an ethnically mixed population.

The writer also was interested in finding schools where the support team concept, required by the district identification through placement policy, had been implemented differently. Interestingly, little or no attention to this concern was necessary in that each school originally considered for the study had utilized the support team in a slightly different way.

Finally, the selection of schools was dependent upon the willingness of principals to have the writer observe in their schools. Only one principal showed any reluctance. That school was not included in the final three used as observation sites.

Once the schools were chosen, individuals from each school who were involved in the identification through placement process became potential subjects for the study. These included principals, assistant principals, counselors, nurses, special education teachers, regular classroom teachers, reading teachers, and speech therapists. Staff from the area office (e.g., program coordinators and diagnosticians) who worked with the school also served as subjects. Administrators with more indirect roles also served as a source of data. These personnel included area coordinators, area superintendents, the district director for special education, the district IEP coordinator and Section 504 compliance officer, the district assistant director for special education, the assistant superintendent for instruction and curriculum, and the district superintendent.

Observer-as-Participant

The role of the writer of this study was that of an observer-as-participant (Gold, 1969). Essentially, this meant that data were collected mainly by observing and listening to others and refraining from talking, making suggestions, or criticizing. Since the writer had worked in the district as a special education teacher and was working as an intern at the time of the study, she often was perceived as a colleague or peer, and not as an outside, unknown observer. This allowed the writer access to informants with some of the trust afforded a participant-as-observer. This role has been characterized as one which allows the researcher to develop trust relationships with informants and one in which the researcher may spend more time interacting with informants than observing them (Denzin, 1970; Gold, 1969). For this study, the writer collected data mainly through formal observation, but her acquaintance with individuals in the district automatically ensured an established relationship with those who already knew her.

The writer was careful not to present herself as a participating expert or evaluator. (Self-interest or ego interest that might have been generated by participation were consciously suppressed in an effort to observe unobtrusively.) Even though the writer chose not to interact during meetings, she felt free to interact in informal conversations before and after the meetings. Because of earlier associations and informal interactions, the writer was perceived as being "in" the meetings, but because of her conscious effort to remove self-interest was not perceived as a full member "of" the meetings (Wood, 1977).

In searching out the "real" data, the writer was obligated to be sensitive to individual needs for privacy (Fichter & Kolb, 1953). The opportunity to decline to participate was offered to each individual. Additionally, anonymity and confidentiality were maintained in two ways: (1) by using position titles rather than individual names when indicating that a comment was made by a particular individual; and (2) by changing the pronoun used to indicate the sex of some individuals. The general categories of position titles that have been used include school administrator (principal and assistant principal), teacher, special education teacher, counselor, middle administrator (program coordinator and diagnostician), and top administrator (area coordinator, director, and superintendent).

Data Analysis

Quantitative research methodology has required the researcher to state a hypothesis, collect the data, apply quantitative measures, and manipulate the data statistically in order to arrive at conclusions (Gay, 1976; Kerlinger, 1973). In contrast, qualitative researchers have not approached their data from a pre-conceived set of hypotheses or measures (Patton, 1980; Schatzman & Strauss, 1973; Wilcox, 1982). Rather, important discoveries have been made through a combination of inductive analysis and theoretical sampling (Denzin, 1970; Patton, 1980). This has required the writer to allow important concepts to emerge from the data themselves rather than from pre-determined suppositions (Patton, 1980; Schatzman & Strauss, 1973; Wilcox, 1982) and simultaneously to compare emerging conceptualizations with existing theory and research (Denzin, 1970, 1978). To accomplish this the writer had to develop a manual process for sorting, organizing, and making sense of the collected data.

In this study, some analysis began almost as soon as data collection began; that is, from the first day of observation or interview, the writer became aware of some interesting ideas and possible relationships. These ideas were written on file cards and kept separate from the collected data. As data collection continued, earlier insights were compared with the later data to determine if these insights were consistent and grounded in observation. As data comparisons substantiated insights, isolated pieces of data began to form a more complete picture. Malinowski (1935) wrote, "while making his observations, the field-worker must constantly construct: he must place isolated data in relation to one another and study the manner in which they integrate" (p. 317). Throughout this process, the writer also was forced to drop certain insights and explanatory models that were beginning to form and/or to remold them as new data were added (Malinowski, 1935).

While some analysis of the data was ongoing during data collection, the analysis was greatly intensified upon termination of the collection process. A major difficulty in analyzing qualitative data has been managing the massive amount of paper and information (Patton, 1980). In order not to lose the context of data, the writer made three copies of all transcribed notes and tape recordings. One copy was kept in a separate place, to be used in the event of a catastrophe (e.g., fire). A second copy was kept intact and filed according to school; use of one notebook for each school facilitated maintenance and increased accessibility of original data in context. As the writer read through this copy, notes were made in the margins describing ideas derived from different aspects or sections of the data. These later were summarized into two- or three-word ideas, which became headings designating portions of data contained on 5" x 8" file cards. These cards were constructed by cutting up the third copy of data and pasting portions of data on individual cards. The source of the data and a descriptive heading explaining the content (e.g., placement decision was used to classify pieces of data explaining or describing decisions to place students in special education programs) were written on each card before it was filed. Cards were grouped and filed according to their descriptive headings.

As data under specific headings were scrutinized and inspected (Blumer, 1978), more clearly defined properties describing characteristics of the data began to emerge (Schatzman & Strauss, 1973; Wilcox, 1982). These were compared with characteristics of data filed under different headings, resulting in the formation of new categories. For example, as data under the placement decision heading were studied, factors which influenced these decisions emerged. These were separated into new categories and were compared with and added to data under other headings describing similar phenomena. The listing of categories became lengthy; but as comparisons among categories continued, relationships or similarities were noted, categories were combined, and concepts and explanations were generated with regard to the decision making process. This process of data analysis was similar to that which Glaser (1969) described as the constant comparative method.

In addition to comparing data categories, the writer found two other processes helpful for clarifying and making sense of the data. First, the writer began to prepare case studies, as proposed by Patton (1980). This forced her to pull together information from all data sources in an effort to describe individual cases within the data (Patton, 1980). Case studies included descriptions of decisions made about specific students, descriptions of the decision process at each specific school, and a description of how the process was supposed to operate. The writing of these cases facilitated the identification of common properties and concepts. Second, the case studies were shared with two professional colleagues, who were asked to read them and to provide feedback. This attempt at organizing the data in an effort to explain them to an independent reader helped to clarify emerging properties further and to identify major concepts selectively (Schatzman & Strauss, 1973). In addition, feedback and questions asked of the writer provided new tests of the data (Schatzman & Strauss, 1973) and new insights which might otherwise never have been acquired.

As concepts emerged from the data, the writer compared them with existing theories and research. This effort heightened the writer's understanding of what took place, provided additional insights into the reasons why certain events had occurred, and expanded the theoretical implications derived from the analysis.

Throughout this analytic process, propositions identifying the major factors which influenced the observed decision making process were developed. At times, pieces of data (negative cases) appeared to contradict the emerging propositions. An effort was made to determine the relevance of these data in the context of the whole picture (Malinowski, 1935). Negative cases forced the writer to check the consistency of observations and to analyze individual perspectives from the viewpoint of the interviewee (Becker, 1969). This meant that at times the writer counted the frequency with which particular behaviors occurred in observations. The validity of a proposition was upheld when a high frequency of positive cases was found (Becker, 1969). For example, the writer found that an individual made a decision in 25 out of 30 cases. This appeared to support the proposition that individuals make decisions rather than groups. Furthermore, in two negative cases no decision was made; thus, in only three out of 30 cases did a decision evolve from group discussion.

Conflicting individual perspectives of this same phenomenon (individuals make decisions rather than groups) were more difficult to analyze in terms of their failure to support the propositions. This required the writer to consider characteristics inherent in the data source. For example, analysis of the individual's position or involvement revealed that persons peripheral to the process (i.e., persons not involved at the school level) believed that groups made decisions. In addition, the language used by some individuals involved in the process placed responsibility for a decision upon the group (e.g., "the support team decided," or "the support team wanted"). However, observation notes and tape recordings of the meetings indicated that an individual had been the decision maker. Comments from some individuals who appeared to be more experienced in group decision making processes or who appeared less satisfied with the way decisions were made also supported the observation data. It was presumed that individuals who provided perspectives which conflicted with observations had not considered an alternative perspective or had not been trained in group processes. Thus, their statements did not require a change in proposition (Becker, 1969). (See Chapter VI for an example of the way in which negative cases were used.)

Issues of Reliability and Validity

Issues of reliability and validity have been critical in qualitative methodology (Denzin, 1970; McCall, 1969; Patton, 1980; Wood, 1977). For this reason, a brief discussion of the steps taken to assure reliability and validity in this study has been included.

Reliability

Reliability has been defined as "the accuracy, consistency, and dependability of an observation process and of the actual observations" (Wood, 1977). In order to make certain that data were reliable, the writer read through the data during the collection period and noted gaps which resulted from actions occurring between observations. She also noted inconsistencies between what had been observed or reported from various meetings. She made an effort to fill the gaps and obtain explanations of the inconsistencies by speaking with participants, by obtaining their perspectives of what occurred, and by collecting documents that might fill in missing information. Reliability of data also was obtained by making observations over a long period of time; thus, it was possible to determine if a particular observation involved an isolated or a recurring incident (Denzin, 1980). Further, taped recordings of all interviews and of most meetings helped assure the accuracy of data (Wood, 1977). Transcribed tape recordings were double checked by listening to the tapes while reading the transcripts and correcting errors made in the transcription. Finally, reliability was maintained by comparing multiple data sources (Patton, 1980; Wood, 1977). Observations were compared with interview data and collected documents as a means of cross-checking the consistency of information.

Validity

While issues of reliability have focused on the accuracy of collected data, validity has focused on the interpretations of the data

(Denzin, 1970; Wood, 1977). Validity has been addressed both during and after research studies as researchers have determined the "goodness of fit" between definitions and incidents (McCall, 1969). Denzin (1970) has specified two questions of validity which are important to the participant observer:

> Can the observations of the participant observer be generalized to other populations (external validity)? Do the observations represent real differences, or are they artifacts of the observational process (internal validity)? (p. 199)

These questions have been discussed separately in relation to this study.

Internal validity. Internal validity has focused on control of design or attempts to decrease bias (Denzin, 1970; Kerlinger, 1973, Wood, 1977). Denzin (1970) has identified seven factors intrinsic to participant observation research which potentially could affect data interpretation. These are: "historical factors, subject maturation, subject bias, subject mortality, reactive effects of the observer, changes in the observer, and peculiar aspects of the situations in which the observations were conducted" (p. 201).

The term historical factors has been used to refer to events which occurred prior to observation or events which took place between the first and the last observation. Such factors were identified by seeking specific interviews and documents that explained events which had occurred prior to data collection. In addition, research on federal and state laws which affected the procedures being observed was conducted in an effort to provide a better understanding and explanation of the historical perspective.

Subject maturation has been used in reference to effects which could have resulted from changes in the relationship between subject and researcher over time. Since subjects varied in the extent and nature of their acquaintance with the writer, this had to be given consideration during the analysis of interview data. Subject bias has been defined as bias found in the subject's perspective of a situation. Backgrounds and participant characteristics were noted in an effort to represent the subject's view more accurately (Denzin, 1970; Wood, 1977). Another type of subject-related bias has been identified as subject mortality, defined as bias which could occur if subjects were to leave the research setting. No subjects left during the period of data collection for this study.

Reactive effects of observation have been described as those factors which might cause the subject to react in a certain manner because of participation in the research. Unobtrusive observation, natural treatment of subjects, and conversational interviews designed to draw out the subjects' own ideas were used to diminish possible reactive effects. (See earlier discussion of participant-as-observer versus observer-as-participant.) Data also were collected within a time frame which allowed subjects to become familiar and more comfortable with the writer (Patton, 1980). In addition, the writer recorded possible effects that her presence may have had on the interaction of participants and considered these when interpreting data. Efforts also were made to help the subjects feel more comfortable and less inhibited about revealing their own thoughts: 1) anonymity and confidentiality were offered to all subjects; and 2) the direction or major focus of the study was described only briefly and never discussed in depth (Wood, 1977).

As research has continued over a period of time, the observer has changed, in perspective and understanding, which could result in biased observations. Additionally, qualitative researchers who have entered familiar areas of study in which they already have a broad theoretical knowledge have risked the possibility of observing and analyzing from a biased perspective (Patton, 1980). While it has been impossible to ignore prior knowledge completely, it has been critical to make a concerted effort to approach a study as if it were new (Patton, 1980). In this study, the writer continuously made a conscious effort to abandon pre-established ideas in an attempt to take a fresh look at the situation and the data (Malinowski, 1935).

Finally, particular aspects of the setting which might be a source of bias have been characterized as "the dynamics of these settings, the rules of etiquette that apply to them, the categories of participants who interact in them, and the varieties of action that transpire within them" (Denzin, 1970, p. 204). Notes were made indicating the chronology of events and interactions, attendance at meetings, and other special features (e.g., location, time) so that these factors could be considered when analyzing data (Denzin, 1970; Wood, 1977).

External validity. External validity addresses the "representativeness or generalizability" of the research (Denzin, 1970; Kerlinger, 1973; Wood, 1977). It typically has been concerned with the believability of the findings or constructs which result from data analysis. Two specific steps were taken by the writer in an effort to strengthen the external validity of this study. First, descriptive information of the schools and the school district has been provided in this chapter so that the reader will be aware of the setting in which data were collected. Second, the limitations of generalizability, supportive research, and implications for further research have been discussed in Chapter X. The ultimate test of external validity, however, has been left to the reader, who must determine the study's value and believability.

Organization of the Remaining Chapters

Prior to analysis of the specific factors influencing the identification through placement process, several chapters have been included to provide the reader with important background information. Chapter III has discussed historical factors, Chapter IV has provided a review of relevant issues found in the literature, and Chapter V has provided a description of the identification through placement process by contrasting what was intended to occur with the procedures actually observed to be in use. Chapters VI through IX have provided support for the data analysis and for the propositions, the factors identified as major influences on decisions. Direct quotations and case studies have been used to support the propositions. Finally, Chapter X has summarized the findings and identified resulting implications.

CHAPTER III

Historical Events Influencing Procedural Developments

Today every state has become involved in providing special education services to its handicapped citizens of school age. In providing such services, each state has developed its own education regulations which have defined handicapping conditions and have outlined procedures for identifying handicapped children, evaluating their needs, and assigning them to appropriate placements (Valente, 1980). These regulations have been relatively new; providing an appropriate education for the handicapped, or all students differing from the norm, was not always considered the responsibility of the public school system. Inclusion of all students, regardless of their differences, has resulted only after a long process of seeking extension, clarification, and enforcement of civil rights (The Rehabilitation Act of 1973).

As handicapped children have gained legal access to a free and appropriate public education, issues of identification through placement have become paramount (Turnbull, 1975), creating a need to develop procedures and guidelines which would establish an equitable process for placing students in special education classes.

One of the major influences on the development of such procedures has been the litigation and legislation unfolding at both state and national levels. This evolving body of law has established public policy on special education and served as the foundation for identification through placement procedures used by local education agencies (LEAs). This chapter has reviewed some of the major events at both national and state levels that have helped to mold public special education placement policy and that have continued to be cited as justification for decisions made in the identification through placement process for special education students.

The historical development has been divided into three parts: national, state, and local. While much of the litigation and legislation that have influenced the national movement most actually occurred at the state level, this has been considered as part of the national level section. The state section has covered only those events which took place in the state of New Mexico; and the local level section has covered only events which occurred in District 112, the district used for this study.

The Special Education Movement at the National Level

Individuals concerned about the education of the handicapped sought to improve special education by calling for higher quality in public school special education. Two legal avenues were used to obtain improved special education services: litigation and legislation. Much of the litigation and legislation occurred simultaneously or overlapped, but for ease of reporting, each major event has been considered separately.

Litigation

The moving force behind litigation seeking increased special education services originated in the fifth and fourteenth amendments, combined with the tenth amendment. The fifth and fourteenth amendments guaranteed that no individual could be deprived of rights established under law without due process. The tenth amendment allowed states to establish laws not covered or prohibited by the United States Constitution (Valente, 1980). The United States Constitution in and of itself has never guaranteed a right to an education. However, once a state has undertaken the responsibility to provide free public education (as allowed by the tenth amendment), the constitutional guarantees have protected a student's right to that education. In such a situation, denying education has become equivalent to denying an individual's property right (Keim, 1976; Turnbull, 1978). The importance of education to an individual's ability to succeed in life and the clarification of the right to an education were first made explicit in the Brown v. Board of Education decision.

> Today education is perhaps the most important function of state and local governments. Compulsory school attendance laws and the great expenditures for education both demonstrate our recognition of the importance of education to our democratic society. It is required in the performance of our most basic public responsibilities, even service in the armed forces. It is the very foundation of good citizenship. Today it is a principal instrument in awakening the

> child to cultural values, in preparing him for later professional training, and in helping him to adjust normally to his environment. In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms. (Brown v. Board of Education, 347 U.S. 483, 493; 74 S.Ct. 686, 691; 98 L.Ed. 873 [1954])

While handicapped children are not the focus of the Brown decision, this decision led the way for future litigation on their behalf. The first major piece of litigation dealing specifically with handicapped children was filed in Pennsylvania (PARC v. Commonwealth of PA, 1971). In this case, the Pennsylvania Association for Retarded Citizens (PARC) sued the Commonwealth of Pennsylvania on behalf of all mentally retarded citizens in an effort to seek adequate educational services for the mentally handicapped in the state (Bersoff & Veltman, 1979). The court never had to make a final ruling, since the case was settled by a consent agreement. Nevertheless, the agreement greatly influenced litigation and laws which were to follow.

As a result of the consent agreement, the following rights were established for mentally retarded citizens aged 6 to 21 living in Pennsylvania:

> . . . the right to access to a free public program of education and training appropriate to the capacities of each retarded child; the opportunity for notice and a due process hearing whenever a child thought to be mentally retarded was being considered for a change in educational status; and the requirement of reevaluation of the child's educational assignment at

> least every two years or, if requested by the child's parents, an annual reevaluation. (Bersoff & Veltman, 1979, pp. 11-12)

While applicable at the time only to Pennsylvania, this agreement established an important precedent for other states.

A year later, the second major decision in favor of handicapped children and their right to a free public education was handed down in Washington, D.C. (Mills v. Board of Education of the District of Columbia, 1972). This judicial decision supported and expanded the PARC v. PA settlement by including all handicapped children "labeled as behavioral problems, mentally retarded, emotionally disturbed or hyperactive" (p. 867). There were four major outcomes of the Mills judgment. First, the court found that no child eligible for education could be excluded from a regular public school unless the child was provided an "adequate alternative educational service," which could be "special education or tuition grants," and unless the child was provided "a constitutionally adequate prior hearing and periodic review of the child's status, progress, and the adequacy of any educational alternatives" (p. 878).

Second, an education for the handicapped was to be provided at public expense "regardless of the degree of the child's mental, physical, or emotional disability or impairment" (p. 878). Cost was not an acceptable excuse for failing to provide the needed services.

The third outcome of the Mills case supported due process requirements and outlined hearing procedures the Board of Education of the District of Columbia was to follow. Finally, the court ordered that the Board of Education had an obligation to identify all children needing service and to develop a plan to identify and diagnose these children and place them in appropriate programs.

Both of these state cases set precedent for legislators responsible for drafting laws at the national level. In addition, they influenced legal decisions being made in other states, for these two cases were merely forerunners of many more lawsuits that developed almost simultaneously throughout the United States (Turnbull, 1975). As noted by Turnbull (1975), a major argument in litigated cases was based on equal protection guaranteed by the Constitution. However, equal protection could be guaranteed only where laws guaranteed the right to an education. Therefore, existing and developing legislation also played an important role in the inclusion of the handicapped within the public schools.

Legislation

As cases were being tried in the courts on the basis of rights guaranteed by state constitutions, additional laws were being drafted and passed in state legislatures that further guaranteed education for all children. The state of Massachusetts was in the forefront of the enactment of legislation. The movement for improved education for all children, which started in Massachusetts, was the result of the action of parents who suspected that a high number of low income and minority children were being placed in special education classes on the basis of inadequate testing (Budoff, 1975). As a result of the formation of strong advocacy groups, Massachusetts passed regulations which were to become models for The Education of All Handicapped Children Act (1975), as well as for other states, including New Mexico.

Groundwork for new legislation was laid from 1968 to 1971, and in 1972 the Massachusetts legislature passed Chapter 766 of the Massachusetts Code of Laws (Budoff, 1975). Essentially, Chapter 766 called for "mainstreaming, delabeling, broadened eligibility, parental involvement, and assignment of legal responsibility for children with special educational needs to the local school districts" (Budoff, 1975, p. 516). In addition, it added the principle that the state would be responsible for assuming additional costs incurred by the local districts.

Simultaneously with the development of state legislation, concern for the education of the handicapped was growing at the federal level. Development of federal legislation for the education of the handicapped began in 1966, with the passage of the 1966 Amendments to the Elementary and Secondary Education Act (ESEA) of 1965 (Engelhardt, 1976). These amendments added Title VI, Sections 601 to 610, and set aside monies for grants to states for the purpose of "assisting the States in the initiation, expansion and improvement of programs and projects . . . for the education of handicapped children . . . at the preschool, elementary and secondary levels" (Elementary and Secondary Education Amendments of 1966, P.L. 89-750).
The handicapped were defined as "mentally retarded, hard of hearing,

deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services" (Section 602). In addition, Title VI called for the establishment of a National Advisory Committee on Handicapped Children and for the creation of a Bureau for the Education and Training of the Handicapped within the Office of Education.

The 1966 amendments did not dictate extensive federal control, but rather called for minimal administrative guidelines (Bersoff & Veltman, 1979). Essentially, the amendments required the states to submit a plan which provided assurances that the monies were being used to assist in the improvement of education for the handicapped and that there were some means for measuring the proposal objectives. Administration of special education programs was left entirely to the states. However, from that period forward, the role of the federal government in influencing special education programs continued to expand, for as federal dollars appropriated for the education of the handicapped increased, the regulations increased as well.

The year 1968 produced the next significant pieces of federal legislation. In January, the 1968 ESEA Title VI amendments became the Education of the Handicapped Act (P.L. 90-247, 1968), thus creating a separate statute for the education of the handicapped (Engelhardt, 1976). This act also increased the number of categories for which funds were available. In addition to continuing funds for state grants, categorical funding was made available for the establishment of regional resource centers, for centers and services for deaf-blind children, for recruitment of personnel and dissemination of information regarding the education of the handicapped, and for the expansion of instructional media programs. The second piece of legislation enacted during that year was the Handicapped Children's Early Education Assistance Act (P.L. 90-538, 1968), authorizing money specifically for developing programs for preschool and early education of the handicapped.

In 1970 P.L. 91-230 amended the 1968 act and again expanded categorical funds by adding personnel training, research, and special programs for children with specific learning disabilities to the existing categories of handicapping conditions for which funds could be distributed (Education of the Handicapped Act, P.L. 91-230, 1970). Still further federal involvement in the education of the handicapped came with the passage of the 1974 amendments. This time the funding categories remained the same but the language of the amendments became stronger and more specific. Essentially, these amendments specified that handicapped children who were not receiving services were to be given priority treatment, added procedural due process requirements, and called for more extensive state regulations and a more comprehensive state role in working toward the goal of providing full educational opportunities to all handicapped children (Education of the Handicapped Amendments, P.L. 93-380, 1974; Engelhardt, 1976; Bersoff & Veltman, 1979).

Finally, in 1975 Congress passed the Education of All Handicapped Children Act (P.L. 94-142; "Education of handicapped," 1977), which further expanded the federal role in the education of the handicapped and outlined even more specific policies and procedures governing the administration of special education programs. A major goal of P.L. 94-142 was to ensure that all handicapped children received a free public education "appropriate" to their needs (Engelhardt, 1976). While the amendments of 1974 had taken a big step in this direction, evidence presented to Congress indicated that there was not sufficient funding and that states were slow in taking the initiative in implementing court mandated equal educational opportunities for the handicapped (Keim, 1976). Thus Congress, by passing P.L. 94-142, meant to provide incentives by increasing funds available to states, by restructuring funding application requirements in order to make states receiving funds responsible for the implementation of educational programs for the handicapped at the local level, and by requiring states to make positive efforts toward hiring the handicapped (Keim, 1976). P.L. 94-142 incorporated all previous requirements established through legislation and litigation and went still further in establishing guidelines and standards for educational goals and decisions regarding the handicapped (Bersoff & Veltman, 1979). In addition, it defined appropriate education as education provided in the least restrictive environment and required that educational goals be outlined in an individual education plan. Finally, the regulations also outlined procedures for parental involvement through informed consent at all steps in the process.

One other piece of federal legislation affected the field of special education and perhaps has been more important to New Mexico than P.L. 94-142. This was the Rehabilitation Act of 1973 (hereafter referred to as Section 504), which has been called the Civil Rights Bill for the Handicapped. The portion of the act most critical to education covered the implementation of Section 504 (The Rehabilitation Act of 1973; "Nondiscrimination on basis," 1977). Section 504 simply stated that "no otherwise qualified handicapped individual in the U.S., . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (The Rehabilitation Act of 1973). While the act was passed in 1973, the regulations governing its implementation were written later and were developed simultaneously with the regulations for P.L. 94-142. As a result, the regulations for Section 504 and P.L. 94-142 were written in very similar terms. Indeed, reference has been made to the P.L. 94-142 regulations as a model for complying with the intent of Section 504 (Bersoff & Veltman, 1979). However, a major difference between the two pieces of legislation has been that P.L. 94-142 has been applicable only if a state has applied for and has received P.L. 94-142 funds (Eberle v. Board of Public Education of the School District of Pittsburg, 1977), while Section 504 has had no funds attached and has applied to any state receiving any type of federal funds.

The Special Education Movement Within the State of New Mexico[1]

Simultaneously with special education developments at the federal level and in other states, a movement toward achieving full educational privileges for the handicapped was evolving in New Mexico. As elsewhere, prior to the 1970s one could find special education classes in New Mexico public schools. These were limited in number and were generally self-contained classes for the mentally handicapped and/or physically impaired. Persons involved with special education prior to 1970 recalled that classes tended to be inconveniently located within the school facilities and had few materials or equipment. Even though the New Mexico constitution stated that "a uniform system of free public schools sufficient for the education of, and open to, all children of school-age in the state shall be established and maintained" (New Mexico Constitution, Article XII, Section 1), it was not until 1972 that any major steps toward fulfilling the intent of the constitution were taken.

1972—A Key Year in New Mexico

Prior to 1972, there were no detailed criteria regulating placement of students into special classes. Reportedly, persons with minimal training in testing administered the tests and made decisions about special placements based on an intelligence score or on school reports. Even though the acceptance of federal monies, available as early as 1966, entailed a set of regulations to be followed, personnel of the State Education Agency (SEA) reported that these requirements were very minimal and the federal government easily satisfied. It was reported that a six-page typewritten document mentioning mental retardation and physical impairment, without listing criteria for eligibility or placement, was accepted as sufficient special education regulation. As a new decade began, pressures for change began to build. The federal government continued to increase regulatory requirements, and advocacy groups within the state became more vocal in demanding better services for handicapped children. At the same time, personnel at the SEA realized a need for further regulation and legislation to improve the education of the handicapped. With growing external pressures, coupled with internal realization, the Division of Special Education (DSE) became involved in a state level initiative to develop regulations and legislation governing special education in New Mexico.

Under the direction of the DSE, an ad hoc committee was formed consisting of a group of volunteers from throughout the state. This group has been credited with having devoted many hours of personal time to produce a set of proposed standards which the State Board of Education approved in January, 1972. This first set of regulations included definitions for eleven categories of exceptionality, qualification criteria for each category, program descriptions, and some general guidelines for program administration. Obtaining written permission for placement was mandated by this first set of regulations, but there was no mention of obtaining written permission for testing. The regulations also established the Educational Appraisal and Review (EA&R) Committee, which was described as a committee comprised of "teacher, nurse, Special Education supervisor or coordinator, building principal, guidance counselor, school psychologist, and others directly providing services to the child" (State Regulations, 1972, p. 2). The EA&R committee was to be responsible for reviewing assessment data, recommending placement, reviewing cases annually, and recommending re-admission, change in placement, or further evaluation. Over the next several years, revisions in the regulations included improved procedural safeguards, the individualized education program (IEP), and program alternatives. By 1976, New Mexico had a clearly defined set of special education regulations very much in line with P.L. 94-142 and Section 504 regulations.

In 1972, the newly approved set of regulations and the constitutional guarantee were considered major accomplishments in securing an education for all handicapped children in New Mexico. However, some individuals believed that further action was needed. Therefore, during the thirtieth New Mexico legislature (March, 1972), legislation was drafted and passed which explicitly stated the right of the handicapped to a free public education and placed the responsibility for all special education programs upon the SEA. The new law read:

> The state shall require school districts to provide special education sufficient to meet the needs of all exceptional children. Regulations and standards shall be developed and established by the state board of education for the conduct of special education in the schools and classes of the public school system in the state and in all institutions wholly or partly supported by the state. (NM Laws of 1972, Chap. 95, 573; Section 77-11-3, NMSA 1953)

The law went on to read that "the responsibility of school districts, institutions and the state, to provide a free public education for exceptional children is not diminished by the availability of private schools and services" and that it was the responsibility of the state "to assure that all exceptional children receive the education to which the laws of the state entitle them" (p. 537, Section 77-11-3.3).

During the same year, House Bill 38 and Senate Bill 70 created Section 77-6-19.2, to be added to the New Mexico Statutes as amended in 1953, establishing procedures for funding special education classes (NM Laws of 1972, Chap. 87, 547). Three types of programs were funded on the basis of one teacher per program. These were defined as: 1) a classroom for the trainable mentally handicapped with one teacher for every six students; 2) resource rooms with one teacher per resource room; and 3) classrooms for all other categories of exceptionality with one teacher for every twelve students.

For all handicapped children, the direction had been set and precedent established for the growth that would follow in the next ten years. One of the next major concerns in the growth process centered on who was to administer psychoeducational tests. Even though the local education agencies (LEAs) now had regulated procedures to follow for making more systematic decisions about special education placements, there was still concern that misplacements would occur because of uncontrolled testing; i.e., the administration of tests was still unregulated. Thus, the development of certification for diagnosticians was initiated.

In late 1972, an SEA task force was established to work on the issue of certification for diagnosticians and to make recommendations to the State Board of Education. Unlike most other states, New Mexico had never created a classification for school psychologist. As a result, the task force was free to create a position specific to psychoeducational assessment for special education. The recommendation was to establish the position of special education diagnostician. According to the SEA, the decision to create the position of special education diagnostician (as opposed to that of school psychologist) arose from a desire to have the testing results more directly tied to the instructional program. This would occur more readily, it was thought, if persons already trained and certified in special education, with teaching experience in a special education classroom, carried out the testing. After deciding to establish the position of special education diagnostician, the next task was to determine certification criteria.

During the time that these criteria were being developed, interim letters of certification were issued. Anyone with coursework or inservice training in the area of testing or administering tests could receive an interim letter, or so it seemed to some interviewees who recalled their perception of the process at that time. From most recollections, the criteria were somewhat sketchy and confused until 1975, when the State Board of Education adopted a specific list of interim criteria for diagnostician certification.

In 1974, the Division of Special Education outlined the duties and responsibilities of the educational diagnostician position. Four responsibilities were listed:

> 1. Identifying the learning needs of students referred for evaluation for possible special education placement.
> 2. Evaluating, interpreting, and integrating all available psychological and educational data.
> 3. Developing a comprehensive written report based on the evaluation data, including an educational prescription.
> 4. Making data and written reports available to the special education administrator or other personnel responsible for appropriate programming, placement, and follow-up.
>
> (Report on the Examination for Educational Diagnosticians, 1977, p. 2)

One year later, interim criteria for certification were adopted, while the task force continued to work on developing a competency based test. To receive interim certification, a person was to have

> master's degree from an appropriate field; New Mexico Certification in Special Education or Guidance and Counseling; specific course requirements including 30 semester hours from a selected list of options, and 12 semester hours of supervised internship or field experience; and a provision for remediating deficiencies. (Report on the Examination for Educational Diagnosticians, 1977, p. 2)

In 1975, the task force first piloted a test designed to measure an individual's knowledge in educational diagnosis and planning. This test was revised and re-piloted in 1976. However, a charge that the test discriminated against minorities resulted in a one and a half year investigation by the Office for Civil Rights (OCR). Finally, in 1977, OCR ruled that the test discriminated on the basis of knowledge and not ethnicity, thus clearing it for use. At this point, receipt of a passing grade on the written examination was added to previously established interim requirements to establish the final requirements for certification as an educational diagnostician.

When the need for diagnostic certification first arose, an effort had been made to include a performance competency element. This component subsequently was dropped because of problems encountered in its development. In 1983, educational training, teaching experience, and a passing grade on the written examination made up the diagnostician certification requirements. The examination has been used to demonstrate competency in six areas, including: 1) survey of exceptional children, 2) interpretation and compilation of data, 3) human growth and development, 4) curriculum/materials for exceptional children, 5) skills in testing children whose primary language and/or culture is other than English, and 6) New Mexico Regulations for Special Education.

While the original intent of having educational diagnosticians was to create a mechanism for tying diagnosis more closely to instruction, there has been some question as to whether this indeed has resulted. As special education has continued to grow, the demand for diagnosticians has exceeded the number of diagnosticians available, and diagnosticians have had to be recruited from out of state. Out of state persons trained in testing frequently have been school psychologists who have not had teaching experience, and such persons have been granted waivers or allowed to substitute "equivalent experience" for teaching experience. In addition, as will be discussed in the data analysis section, opportunities for the involvement of diagnosticians in instructional planning have been minimal. It has appeared that educational diagnosticians have become substitute school psychologists who have administered psychoeducational tests and have written reports summarizing test results for the school, which was exactly what the original task force hoped to avoid.

Finances

The growth of special education would have been impossible without additional funding. The first break for special education funding came in 1974 when the New Mexico Legislature passed House Bill 85, the Public School Finance Act, promoting equalization of public school funding throughout the state (Krueger, 1975; NM Laws of 1974). Prior to the passage of this act, a study was conducted in an effort to develop recommendations for equalizing the funding of public education throughout the state. A formula using a weight system and a cost differential unit evolved from this study. The committee conducting the study asked for input from the Division of Special Education (DSE) to determine a weight for each category of handicapping condition, similar to the weighted funding formulas used in Florida and Utah. The personnel in the DSE office had reservations concerning the weighting of categories and felt that it was more appropriate to devise a weighting option that considered degree of handicapping condition rather than category.

When the DSE staff had completed their study of the Florida and Utah funding formulas, a group of five volunteers (not necessarily tied to the SEA) were brought together to develop an acceptable weighting system for special education in New Mexico. The result was a funding concept based on educational need and the creation of four program options: A, B, C, and D.[2] A weight was proposed for each program option (as opposed to each category) and was presented to the committee conducting the study. The committee included this recommendation in their report and in their own recommendations to the legislature; it was put into law as part of the Public School Finance Act of 1974.

Although the mechanism for funding all four program levels was written into law in 1974, the number of dollars for special education did not increase substantially until the school year 1976-77. At first, language in the appropriations acts specified a limited number of dollars to be spent for special education programs (Appropriations Act, NM Laws of 1974, p. 519; Appropriations Act, NM Laws of 1975, p. 2427). Essentially, the legislature was capping special education funding. The language changed slightly in 1976, when, instead of a dollar limit, a limit was set on the number of special education program units that could be generated by A and B level programs (Appropriations Act, NM Laws of 1975, p. 519). This limit was determined by projected LEA needs compiled by the Public School Finance Division. While the language in the act still indicated a cap, the dollar amount increased by nearly seven million (Special Education Status Report for 1980-81, p. 29). In 1977 language limiting special education programs was dropped from the Appropriations Act (NM Laws of 1977, pp. 149 & 150) and special education was integrated into the overall operational budget allocation for public schools.

The year 1976 has been considered by many to be the year in which the caps were removed. In actuality, rather than totally removing caps, the legislature simply approved enough money to cover all the projected units recommended by the Public School Finance Office. Previously, the legislature had refused to appropriate according to the projected figures. As a result of the Appropriations Act of 1976, a tremendous expansion of special education programs took place during the school year 1976-77. The act also marked a legislative change that continued to support the expansion of special education programs through the seventies and into the eighties.

One additional funding change affected the education of handicapped students in the public schools. In the spring of 1980, the DSE developed a plan to ensure delivery of services (New Mexico Special Education Cooperatives, 1980).[3] Additionally, the Public School Finance Office assured all local school districts that monies sufficient to buy all needed ancillary services would be available for the 1980-81 school year. Prior to this time, ancillary services had not been required, and, if provided, had to be funded either through monies generated by the basic program or as a separate program with a separate caseload. For example, speech therapy could be funded as a separate program for communication disordered students, but students in other special education programs for mildly handicapped also might have needed speech therapy could not be counted in the caseload for funding purposes. With the added ancillary funding, any student demonstrating a need for ancillary services (as specified by the SEA regulations) could be counted on an ancillary therapist's caseload even if the student was also on the caseload of another special education program.

Litigation

During the period of legislative change, litigation in the form of a class action lawsuit was filed against the state of New Mexico and several school districts. Advocacy groups for the handicapped have pointed to this lawsuit, filed in October 1975, as a major influence for change (Bratton, 1982). Others have viewed the lawsuit negatively and have believed that change occurred in spite of it. These same persons have stated their belief that the lawsuit was generated from an unnecessary and inaccurate adversarial viewpoint. Interpreting the full consequences of this lawsuit has exceeded the parameters of this study. Nonetheless, it would have been remiss to ignore the suit, its intent, and the ruling, for it was part of special education history in New Mexico and was the focus of much attention and energy for over seven years.

Although the lawsuit was filed in the fall of 1975, it was not heard until August 1979. By that time, interim changes had remedied many of the complaints and only one school district remained a named defendant, along with the state of New Mexico (NMARC v. State of

New Mexico, 1980). At its inception, the suit had been instigated by the limits placed on the number of special education dollars that could be spent, seemingly without consideration of the number of programs needed. However, as dollars began to flow in 1976, based on program need projections, this ceased to be a legitimate complaint. Nonetheless, other problems still remained, and two major concerns emerged as the ultimate focus of the lawsuit. One concern involved an optional funding (Option II) for A and B programs which allowed the LEA using Option II to use special education funds at its discretion. This option had originated as a means of helping small districts which might not have had enough students to qualify for a full program as regulated by the DSE. The other complaint focused on a lack of appropriate service which was due both to large numbers of students not receiving placement because of diagnostic waiting lists and to a lack of available ancillary services.

By the time the lawsuit was heard, both P.L. 94-142 and Section 504 had been in effect for at least one year. New Mexico had chosen not to apply for P.L. 94-142 funds, and the plaintiffs alleged that many of the issues could have been resolved if the state had chosen to apply for these funds (Bratton, 1982). However, the federal court ruled that application for the federal funds was totally at the discretion of the state (NMARC v. State of New Mexico, 1980). Thus, the regulations of P.L. 94-142 were dismissed from the arguments in the decision. However, Section 504 was not considered a voluntary issue, and therefore became the major source of argument. The judge ruled that the optional funding allowed by the state for A and B programs was discriminatory and in violation of Section 504 (NMARC v. State of New Mexico, 1980). He further ruled that, in accordance with Section 504, the state had been negligent in not providing adequate services and ordered the state to submit a plan for remedying this situation. When the judge found the state's plan unacceptable, he ordered the state to implement a plan authored by the defendants. This ruling was appealed in the Tenth Circuit Court of Appeals, which reversed the order and sent it back to District Court for reconsideration. Even though the judges of the Tenth Circuit affirmed that failure to comply with Section 504 appeared evident, they were unwilling to support the lower court's order. They believed that the lower court judge had failed to analyze his order to implement the plaintiff's plan in light of "its costs and its effectiveness" (New Mexico Association for Retarded Citizens v. State of New Mexico, 1982).

During the fall of 1982, a settlement agreement was proposed, approved, and implemented. In this agreement, the defendants agreed to continue to fund ancillary services, to support appropriate funding levels by the legislature, to maintain regulations assuring that appropriate diagnostic and programmatic services were in accordance with the needs of exceptional children, and to provide appropriate state department monitoring of local programs and procedures (Memorandum, 9/9/82). Agreement to the settlement plan on the part of both the defendants and the plaintiffs brought an end to this seven-year legal battle.

Several steps in the growth of special education in New Mexico occurred during the course of this lawsuit. First, the funding caps were removed after the lawsuit was filed. (The suit was filed in the fall of 1975, increased spending was authorized in 1976, and capping language was removed in the winter of 1977.) Second, Option II was disallowed and ancillary programs were funded. The plaintiffs have continued to insist that these changes were a direct result of the lawsuit and would not have occurred without it. The defendants have credited the lawsuit only with negative side effects, e.g., creating ill will among legislators and among educators within the LEA, and have insisted that all of the changes were already in the works and that it was simply a matter of allowing the political system to run its course. Some have acknowledged that, if any credit at all could be given the lawsuit, it is that the funding of ancillary services was speeded up by approximately one year. These same persons have alleged that change simply required time for legislators to be convinced that they had a reliable set of numbers upon which to base funding allocations, that they had an understandable description of special education programs, and that special education was acceptable to small school districts.

Conclusions

Change in New Mexico special education regulation and programming resulted from a long process directed within the political arena. During this process, no major decisions were made quickly.

At each point along the way, a great deal of groundwork had been laid through earlier battles among school personnel, advocates for the handicapped, state department personnel, legislators, and public school finance personnel. As the political process brought about policy change, public education of the handicapped experienced a tremendous expansion. As this expansion continued, problems of identification, screening, diagnosis, and placement became more evident. Solutions to these problems were found by expanding and modifying state regulation and supervision. This expansion and modification of the state role dictated changes in procedures that local education agencies developed for identifying and planning for special education students. Thus, the state played a major role in determining what procedures were followed by the LEAs when making decisions about students and special education.

The Special Education Movement within District 112

As state standards and regulations for special education evolved, special education policy and procedures at the local level were forced to change as education personnel at this level attempted to implement the state requirements. In addition, there was a growth in the number of programs because increased dollars created management difficulties which in turn effected policy and procedural changes. Special education area and district personnel went from a small group of managers (diagnosticians and coordinators) who were easily accessible to one another to large numbers of managers, making communication more difficult and encouraging diverse independent actions. To standardize procedures, special education in District 112 moved from a loosely defined system where procedures were determined by three individual areas to a more centrally organized system with procedures determined by a central office. Procedures and policies were influenced by federal regulations, as central office administrators attempted to comply with OCR requirements and the intent of Section 504. As federal law was studied, procedures reportedly were changed in an attempt to carry out the intent of the law as interpreted by special education administrators within the district.

Two pieces of litigation had some further influence on procedural changes. First, District 112 was involved as a defendant in the lawsuit against the state of New Mexico. Second, a class action suit was brought against District 112 on behalf of all minority children. The outcome of each of these suits had some influence on identification through placement procedures. Another major influence was the increased concern on the part of the State Department of Education regarding the massive diagnostic backlog. Each of these three influences has been described briefly. A description of the development of the support team and the referral team (see Chapter I for definitions) has concluded this section.

NMARC v. State of New Mexico

District 112 was found by the federal court to be negligent in providing an education for all handicapped students in accordance with Section 504 and was ordered to present a plan designed to remedy this situation. As a result, the district developed a plan calling for the addition of personnel (including diagnosticians, coordinators, speech therapists, occupational therapists, physical therapists, bus aides, social workers, early childhood teachers, consulting psychologists, and other ancillary personnel) to be implemented over a three-year period. The court accepted the plan as presented, and District 112 did not appeal.

The plan itself was not concerned directly with identification through placement procedures, but rather with the provision of appropriate services. Thus, no procedural steps for identification through placement at the school level were affected directly by this plan. Rather, the effects were felt in the increased availability of services (specifically, ancillary and diagnostic personnel), which resulted in managerial and organizational changes at the area office. The changes in area office management did affect identification through placement procedures to some degree, in that efforts to manage larger area staffs and include more ancillary evaluations generally resulted in changes in the diagnostic steps. More subtly, some individuals felt that the plan produced resentment of the expansion of special education, and there was some feeling that special education legal issues were exaggerated and used to build a climate of fear for the purpose of supporting this expansion (perceptions of interviewees). These attitudes influenced the implementation more than the development of procedures.

Schells v. Board of Education

The Schells case arose from a complaint alleging misclassification of minority students. The lawsuit, settled out of court, had a ripple effect that was felt throughout the district. Perhaps the predominant effect was the emphasis placed on documentation. In reviewing folders to prepare arguments, it was discovered that pieces of documentation were missing from some folders. Thereafter, a great deal of emphasis was placed on obtaining proper written documentation and maintaining student files accurately. Additionally, two procedural changes constituted part of the formal agreement. First, special education personnel in District 112 agreed to administer the Estimated Learning Potential portion of the System of Multicultural Pluralistic Assessment (SOMPA) to any minority child diagnosed as educable mentally handicapped (EMH), regardless of age. Second, they agreed that the diagnosticians would document that they had determined the child's primary language, and if the primary language was other than English, that procedures for testing bilingual children had been followed (Special Education Policy and Procedures Manual, 1982).

Diagnostic Backlog

One additional factor influenced identification through placement procedures and their implementation during the time of this research. When the state increased appropriations in 1976, a large number of students were referred for diagnosis. This surge of referrals continued for a number of years, and was complicated by re-evaluations which were to be done every three years. A diagnostic backlog began to develop as diagnosticians could not keep up with demand; in fact, testimony regarding this diagnostic backlog played a major part in the state lawsuit (NMARC v. State of New Mexico, 1980). However, it was not until 1980-81 that the backlogs around the state (especially in District 112) became a primary concern of the SEA (Sandoval & Landon, 1981). District 112 had a large backlog, and the district's diagnostic procedures became a major issue with the state superintendent, who required that it develop a plan to eliminate the problem. This plan included such components as developing a better management system (e.g., how referrals were picked up, logged, and assigned; how evaluation reports were typed), increasing the number of diagnoses done during the summer, and incorporating use of the referral team as a screening step in the total process. It also included putting into use a priority system developed several years earlier for OCR. These procedural changes, described in Chapter V, added emphasis to the standardization of procedures and incorporated a screening mechanism, the referral team.

The Support Team and Referral Team Concepts[4]

After the 1976 New Mexico legislature increased funding for special education, the number of special education programs in District 112 increased dramatically. A total of 150 new programs were added in the fall of 1976. Throughout the district, emphasis was placed on identifying all students who might benefit from a special placement. This resulted in large numbers of referrals generated by regular classroom teachers. Some persons in the district were concerned that, once a student was perceived as having problems functioning adequately in the regular classroom, that student would automatically be referred for a special education program (perception obtained from interview data). These same persons believed that many such students might be able to function satisfactorily in the regular classroom with some alternative forms of assistance, e.g., counseling, Title I reading, or tutoring (perception obtained from interview data).

The support team concept was first developed in one area office as a means both of providing assistance to the classroom teacher and of decreasing the number of special education referrals. This concept soon spread to other areas in the district, and by the fall of 1981, a support team at each school was mandated by district policy. The support team was to be a vehicle for discussing and screening teacher referrals. Intervention strategies were to be developed and tried prior to submitting a referral to special education. A special education teacher could be a member of the support team, but it was not to be considered a special education team.

The support team concept was implemented and refined over a period of three to four years. During that time, the referrals for special education did not decrease but continued to flow into the area offices. The backlog of referrals waiting to be tested grew. Special education administrators responsible for monitoring the identification process felt that the support team often submitted special education referrals without having tried other interventions, resulting in the submittal of inappropriate and incomplete referrals. This was said to be one cause for the increasing diagnostic backlog. In an effort to eliminate this backlog, it was felt that a more specific screening process was needed at the school level to help decrease the number of inappropriate referrals. The referral team was created as the screening mechanism. At the same time, stronger emphasis was placed on having support teams implement and document other interventions before submitting a referral to the referral team.

The final result was that each school was to have two teams which might or might not consist of the same individual members. However, the purpose and the focus of the two teams were different. The support team was to develop and implement possible interventions. When interventions failed and special education seemed the appropriate alternative, a referral was to be submitted to the referral team, which would screen the referral and determine whether the student was an appropriate candidate for special education testing. This team, unlike the support team, was part of special education and was chaired by a special education diagnostician. Further description of these two teams has been provided later in this study.

Summary Comments

The development of special education regulations has been influenced substantially by action in the public and political arena.

Legislation and litigation at the state, federal, and district levels prompted an increase in service in an effort to provide appropriate education to the handicapped. This increase in service naturally was accompanied by an increased need for funds and by new funding laws. In addition, attention to the educational needs of the handicapped generated a need for new policies and regulations governing identification through placement (Weintraub & Abeson, 1974).

The demand for new policies and regulations arose from a need to insure appropriate use of funds. In addition, much of the interest in special education legislation focused on the need for a more accurate and appropriate identification through placement process (Turnbull, 1975). Ultimately, policy for classifying students as needing special education was regulated by Section 504 and P.L. 94-142, which combined previous legislation and litigation and have regulated state standards and local policy. Of primary concern in the formulation of special education policy have been issues of informed consent, due process, unbiased assessment, and appropriate programming including least restrictive placement (Turnbull, 1978).

The local special education administrator has become the responsible agent for translating federal, state, and local identification through placement policy into a set of administrative procedures and for overseeing the implementation of these procedures. While the procedures have been guided largely by legal requirements, the law alone has not been able to guarantee that decisions made utilizing them have been made appropriately or accurately (Kirp, Kuriloff, &

Buss, 1975). Rather, the law has merely established a guide for developing the procedures and a standard against which to measure their appropriateness.

This chapter has reviewed the major historical events which led to and influenced procedure development. However, special education identification through placement procedures have merely provided a set of sequential steps for school personnel to follow when making decisions about students. School personnel have been ultimately responsible for making the decisions, and identifying the factors which influence such decisions was the focus of this research. The next chapter has discussed some factors cited in the literature as possible sources of bias in the process of making decisions about special education students.

NOTES

1. This section was based on information from legislation and from printed brochures, as well as personal conversations with a variety of individuals at both state and local levels who have been involved in the development of special education in New Mexico. Because giving the titles of those who provided input would violate the promise of anonymity, suffice it to say that the input was provided by persons who have had major roles in the development of special education in New Mexico. This section was intended to provide a description of major steps in the growth of special education and to identify the more obvious factors which may have influenced this growth. It was not intended to be a conclusive cause and effect analysis.

2. The following, taken from the New Mexico State Regulations (1979), have defined the four program levels.

> Program Level A
>
> Special Educational Needs - Child's special learning needs do not require a basic modification of the regular curriculum. Special teacher serves a number of exceptional students, directly or through the child's regular teachers.
>
> The special education teacher caseload is 18-35. Maximum instructional group size is not to exceed eight (8).
>
> The itinerant speech and language pathologist/therapist caseload is 30-60.
>
> Program Level B
>
> Special Educational Needs - Child's special learning needs do not require a basic modification of the regular curriculum, but additional or intensive assistance outside the classroom is needed. Special teacher works with children on a regular part-time basis.
>
> The special education teacher caseload is 18-24. Maximum instructional group size is not to exceed eight (8).
>
> Program Level C
>
> Special Educational Needs - Child's special learning needs are such that the content, methods, and/or pacing in the regular classroom are inappropriate and must be modified. Child's special teacher works with a group of children who

are served on a half to full-day basis and integrates children into the regular program to the greatest extent possible. Work/study may be an alternative program.

The special education program average enrollment is twelve (12): Membership is not to exceed fifteen (15).

Program Level D

Special Educational Needs - Child's special learning needs are such that the regular classroom program is totally inappropriate and unresponsive. Special teacher works with a small group of children on a highly-structured full-day basis and integrates children into the regular program when possible. Work/study may be an alternative program.

The special education program average enrollment is six (6): Membership is not to exceed eight (8). An aide is required when enrollment reaches seven (7).

New Mexico has developed a weighted-pupil formula for determining a school district's state provided funding allocation. This formula generated funding units of education by using average daily membership and assigned weight adjustments for programs which were more costly. Further adjustments were provided for teacher experience and district size. The total number of all units generated by a district was multiplied by a dollar value (established yearly by the legislature) to determine the amount of funds a district would receive from the state. The component of the formula which generated funds from identified special education populations was based on the number of A and B level programs and the average daily membership (ADM) of C and D level programs. The number of special education units was figured as follows:

A & B programs	20 units for each approved program
C programs	1.9 x ADM = N units
D programs	3.5 x ADM = N units

3. "Ancillary services are those services necessary for the handicapped child to benefit from the educational offerings and are provided by licensed or certified personnel. For the services to be designated as 'ancillary services' such personnel must provide direct intervention to the handicapped students assigned to A, B, C, or D level special education programs when the nature of the handicaps warrant the services as determined by diagnosis and confirmed by the Educational Appraisal and Review Committee" (New Mexico Special Educational Cooperatives, 1980, p. 7).

Ancillary personnel can include: speech and language pathologists, occupational therapists, physical therapists, audiologists, interpreters, orientation and mobility instructors, and psychologists (New Mexico Special Education Cooperatives, 1980).

4. This section has been reported as a general overview. Additional details, particularly direct quotes, describing the purpose and function of these teams, have been included later in the analysis section (more specifically, Chapter VI) of this study.

CHAPTER IV

Literature Review

At the heart of the demand for increased special education services has been a constitutional issue which has been centered on the right to educational opportunity and inherent in which are two separate elements: access and equity. Of these two elements, access has been the simplest to deal with in that the Brown decision clearly stated that "where the state has undertaken to provide it, [access to education] is a right which must be available to all on equal terms" (Brown v. Board of Education, 1954, p. 193). Access to education on the part of the handicapped has been guaranteed by appropriate state laws which assure access to an education for all, but the issue of equity has been a more complex one.

Congress has defined equity as the provision of an appropriate education for all handicapped students within the least restrictive environment (P.L. 94-142 and Section 504). It also has defined who can be considered handicapped. Because only certain students can be so considered, the need has arisen to assess student abilities, first, to determine who is eligible to receive the services called special education, and second, to assure equitable treatment by providing the most appropriate services. According to Reynolds (1975), the first of these assessments has led to institutional decisions and the second to individual decisions. It has been the institutional decision that has given rise to the majority of concerns regarding the development of identification through placement procedures. These concerns have centered on the issues of classification and assessment practices. Both of these issues have been central to many court and legislative decisions which have served as guidelines for designing school procedures.

This chapter has provided a closer look at the issues of classification and assessment practices which have helped guide the formulation of current identification through placement procedures. Issues taken from both legal and educational literature have been presented. The reason for considering these issues has been twofold: 1) they have provided much of the rationale for the procedures which have been developed and have continued to be espoused; and 2) they have involved variables which can bias an individual's diagnosis. This chapter was not meant to be a comprehensive review of research in the area of bias. Rather, it was intended to present an overview of legal and educational positions related to possible sources of bias in special education identification and placement practices.

Classification Issues

The provision of special services for the handicapped necessitated the creation of procedures for determining student eligibility to receive these services. As a result, the need for some type of diagnostic and classification system became paramount (Adelman, 1979a; Hobbs, 1975). In the majority of states (all but Massachusetts and South Dakota) and in Washington, D.C., classification systems have been adopted which use labels denoting a particular type of disability (Garrett & Brazil, 1979). It was this use of labels, perceived as discriminatory, which generated both legal and educational concerns. Inherent in these concerns has been the issue of constitutional guarantees of liberty and due process (Kirp, 1974a). Educational value, or the relevance of a label to a prescription/remedy (Hallahan & Kauffman, 1977; Reynolds, 1972; Zigler & Phillips, 1961), has been another issue put forth in arguments against the use of labels.

Three viewpoints regarding the label dilemma have been presented. First, the arguments (both constitutional and educational) for and against the use of labels have been outlined. Second, the concerns associated with the more specific definitions of learning disabled (LD) and behaviorally disordered (BD) have been presented. Finally, this section has discussed the possible effects labels may have on placement decisions.

Pro and Con Arguments of Labeling

The constitutional arguments regarding the use of labels have been provided by Kirp (1974a). Labeling itself has not been regarded as inherently unconstitutional or evil. Rather, the constitutional question has been whether the label has deprived a person of an education, as determined by Brown v. Board of Education (1954), or whether the label has denied a student equal protection and equal rights (Kirp, 1974a). The question of whether a label has deprived a student of access to an education has been answered, since all states have undertaken the responsibility of providing an education to all regardless of labels. However, the equal protection and equal rights question has become more complex. Three possible effects of special education labeling, "stigmatization, diluted educational offerings, and reduced life chances" (Kirp, 1974a, p. 29), have fallen into this realm.

While research on the effects of labeling has not produced definitive findings (Guskin, Bartel, & MacMillan, 1975; Hobbs, 1975), labels have been cited as having a stigmatizing effect (Keim, 1976; Kirp, 1974b; Reynolds, 1972), especially where mildly handicapped students have been concerned (Kirp, 1974a). Also it has been postulated that labels tend to separate students and to give them the feeling of being different or segregated from their peers who are "normal" (Hobbs, 1975; Kirp, 1974b; Reynolds, 1972). Presumably, the labeled students are students who have been defined as those who do not "fit" and possess significantly more or less ability. There has been a tendency to stereotype whole groups of individuals and to assign broad characteristics to all within each group despite their individual differences (Reynolds, 1972). As a result of the posited effects of labeling, lawsuits have been filed on behalf of minority children who claimed that they had been mislabeled and consequently were stigmatized to such an extent that their chances of pursuing their life choices were jeopardized. Such lawsuits have resulted in close scrutiny of classification procedures by the courts (Keim, 1976; Larry P. v. Riles, 1972; Mercer, 1974; Reschly, 1978).

A second argument against the use of labels has been that labels lead to inadvertent discrimination and denial of an individual's constitutional guarantee. It has been argued that the labeled have tended to receive diluted educational offerings and have not been allowed equal access to education (Kirp, 1974a; Reynolds, 1972), thus denying them an appropriate education. Turnbull (1978) stated that "denying an appropriate education . . . is tantamount to denying a person an opportunity to acquire property" (p. 524). If labeling a student inaccurately has resulted in placement in an inappropriate program for an extended period of time (Kirp, 1974b), inaccurate classification can be associated with denial of an appropriate education (Larry P. v. Riles, 1972; Turnbull, 1978).

Finally, it has been argued that labeling can lead to reduced life chances (Kirp, 1974a). These reduced life chances have been the result of social stigmas which have limited access to opportunities or the result of an inadequate or inappropriate education. Additionally, reduced life chances may have resulted from possible behavioral characteristics generated by labeling. Such characteristics may have evolved because the child believed the label, thereby demonstrating the self-fulfilling prophecy theory described in Pygmalion In the Classroom (Rosenthal & Jacobson, 1968); the child learned to assume the expected behaviors related to a label; or the child believed that his/her problems were innate and were due to some condition of the organism which would always limit his/her abilities (Guskin, Bartel, & MacMillan, 1975).

It would be an overstatement to say that the Constitution was designed to protect against all classification. Classification in our society has become an accepted means of administrative and social control (Kirp, 1974a). Those who have voiced arguments against labeling generally have not advocated discarding a classification system completely (Adelman, 1979a; Hallahan & Kauffman, 1977; Hobbs, 1975; Kirp, 1974b; Reynolds, 1972; Zigler & Phillips, 1961). Rather, they have advocated a classification system which more adequately serves the needs of children and protects their rights. To date, the net result has been court mandated and legislated due process and assessment procedures designed to protect the rights of children (Larry P. v. Riles, 1972; Mills v. D.C., 1972; P.L. 94-142; Section 504). Despite the proliferation of educational literature advocating the use of classification sytems more closely related to educational needs, the use of broad labels relating to disabilities has persisted. Many of these labels have been confusing, including the learning disability and behavioral (or emotional) disorder labels.

Defining Learning Disabilities and Behavioral Disorders

Classification schemata have been designed for the purpose of facilitating administrative functions (Kirp, 1974a) and as "verbal shorthand" to simplify communication and research (Prugh, Engel, &

Morse, 1975). If one accepts this, then it would follow that classification schemata should use consistent, clearly defined terminology. In the field of LD and BD this scarcely has been the case. First, terminology has varied considerably from state to state and report to report. Terms used to denote learning disabilities have ranged widely: "educational handicap (California), specific learning disabilities (Florida), extreme learning problems (Oregon), communicative and intellectual deviations (West Virginia), neurologically handicapped (or impaired) (Connecticut, Nevada, and Oklahoma), perceptually handicapped (Colorado, Indiana, New Jersey, and Washington), brain-damaged (Pennsylvania), learning disability (Delaware)" (Wepman, Cruickshank, Deutsch, Morency, & Strother, 1975, p. 303). While these terms often have been meant to categorize a class of students with similar problems, each term has invited a different interpretation of the characteristics of this group of students.

The same has held true for behavioral disorders. In this case, the terms have included emotional disturbance, emotional maladjustment, mental disorder, psychosocial disorder, mental illness, conduct disorder, maladapting, and emotionally handicapping, to name a few (Newcomer, 1980; Wood & Lakin, 1979). Even more confusing is the fact that for this class a number of different systems also have been established for classifying various subcategories of emotional disturbance (Kauffman, 1979; Prugh, Engel, & Morse, 1975). Again, while these terms have been presumed to refer to the same group of students, they often have referred to students with very different needs and have produced different responses both in identification and in placement. For example, the term behaviorally disordered was substituted in New Mexico for the term emotionally disturbed to encourage people to focus on observed behavior as the focus of intervention as opposed to some innate "emotional" problem. The change seemed to encourage more referrals of socially defiant or deviant students who tended to be the source of management problems for teachers or principals. Even when written definitions have remained the same, the terms, or labels, could change the perception of who has been identified or referred for further evaluation.

In addition to the wide variety of terminology, there also has been considerable variation in the operational definitions of the terms (Algozzine, Schmid, & Conners, 1978; Cullinan & Epstein, 1979; Gillespie, Miller, & Fielder, 1975; Newcomer, 1980; Thurlow & Ysseldyke, 1979). Among the criticisms of existing definitions, the one most pertinent to this discussion has been that of lack of clarity or ambiguity. Definitions have been intended to provide a common base of understanding of terms used by individuals. When terms have been defined ambiguously, those responsible for labeling students have been left to use the labels according to their own perception and understanding.

Finally, central to any definition have been "those features, symptoms, and characteristics that designate, circumscribe, and point out the group's homogeneity" (Johnson & Myklebust, 1967, p. 9). It has been disagreement over these specific "features, symptoms, and characteristics" that has contributed to the confusion surrounding the terms learning disabilities and behavior disorders. In an effort to operationalize ambiguous definitions and establish some homogeneity, both state and federal regulations have provided criteria that must be met in order to use specific labels. The criteria often have been controversial (e.g., use of discrepancy scores to identify LD), and have allowed many opportunities for individual bias (e.g., teacher referral statements, test interpretation).

Labels and Placement Decisions

One last issue of classification has warranted consideration: the manner in which labels affect placement decisions. The research on this issue has yielded contradictory findings (Reschly, 1978). The following examples include studies which have shown that labels have affected placement decisions and studies which have shown the opposite.

Carroll and Respucci (1978) attempted to identify the meanings ascribed to three clinical labels (mentally retarded, emotionally disturbed, and juvenile delinquent) by professionals and to determine if expectations for success and treatment of students given these labels varied among two classes of professionals: classroom teachers and mental health workers. They concluded that professionals did attach different meanings to labels and consequently had differing expectations. Since most placement decisions were made by multidisciplinary teams, the make-up of the team and the differing interpretations and expectations of team members probably did make a difference in how the team functioned and what final decision evolved.

In two additional studies (Gillung & Rucker, 1977; Greenbaum, 1977), the effect of a psychodiagnostic label on a placement decision was investigated by having teachers choose placements based on simulated descriptions. In both studies, the subjects were divided into two groups. Each group received the same student descriptions, but in one case these descriptions also were given a label while in the other the label was omitted. In both studies, it was found that teachers judged students whose descriptions were accompanied by labels as needing more intensive or specialized intervention.

Contrary to these findings, Pfeiffer (1980) found that the presence or absence of a label did not result in different placement decisions. He used a research methodology very similar to that of Gillung and Rucker (1977) and Greenbaum (1977). Along this same line, Yoshida and Meyers (1975) used a video tape to determine the effects of a label (EMR) on a teacher's decision concerning a student's academic needs. They also found that the decisions did not vary significantly when the child was given a label and when no label was used.

Because of the conflicting research findings, it has been impossible to state definitively that labeling will affect placement decisions. Further study using natural conditions might have led to more definitive insights regarding the relationship of label to placement. The influence that labels have had on placement decisions has, in fact, been attributed to the decision maker's experience and ability to evaluate individual students (Yoshida & Meyers, 1975). Individual differences among subjects has been identified as an area needing future research.

Assessment Issues

Assessment has been defined as the process of collecting data about a child in order to make decisions concerning the child's educational program (Swanson & Watson, 1982; Ysseldyke & Regan, 1980). The assessment process typically has included collecting referral data from the teacher, gathering data from past records, administering a set of psychoeducational tests, and writing an evaluation report (done by the diagnostician). Throughout this process, there have been opportunities for bias to enter.

Traditionally, bias has been defined as partiality or prejudice, or that which has caused influence or prejudice (Webster, 1962). A major issue in education has concerned bias found in the assessment of minority students, resulting from test bias. A number of slightly different definitions of test bias have been provided by the literature (Darlington, 1971; Gonzales, 1982), but much of the discussion of test bias has focused on the concern for finding a level of test discrimination that is fair despite cultural differences (Darlington, 1971; see also Cleary & Hilton, 1968, and Thorndike, 1971, for further discussion of cultural fairness in tests). Much of the recent concern with test bias has resulted from allegations that minority students have been unfairly discriminated against by the use of tests that have been culturally biased. For this reason, the first discussion in this section has dealt with minority assessment issues. However, bias has not been limited to the assessment of minority students, but may have occurred in the assessment of any student. Thus, this section has also included a discussion of the general ability of psychoeducational tests to discriminate between one group and another, and of factors other than tests which could bias a teacher's or diagnostician's assessment of student ability.

Assessment of Minority Students

The large number of minority students in special education classes helped generate the influx of court cases dealing with special education (Budoff, 1975; Kirp, 1974a). As a result, the issue of assessing minority student skills has been addressed in both federal legislation and court rulings.

Congress, in writing regulations for P.L. 94-142, and the Office of Education, in writing regulations for Section 504, have stated that procedures for classifying children are to be "selected and administered so as not to discriminate on the basis of race or culture" (Turnbull, 1978, p. 524). In addition, they have specified, as part of the regulations, that placement decisions are not to be based solely on the results of one test (Turnbull, 1978). Court rulings have been similar. Decisions in Larry P. v. Riles (1972) and LeBanks v. Spears (1973) have specified that placements in special education classes must not have been based on an IQ test alone, but must have considered adaptive measures as well, especially where the mentally retarded have been concerned (Martin, 1980). Courts also have ruled that where a child's predominant language has been other than English, the assessment was to be done in the child's native language (Diana v. State of California, 1970; Reschly, 1978). Even though most court rulings have dealt specifically with the mentally retarded, these rulings have served to influence the procedures used for all classifications, especially those dependent upon measures of intelligence. At the heart of court cases and decisions behind federal regulations dealing with assessment has been the accusation that tests have been biased and have led to inappropriate labeling of students (Mercer, 1974). Mercer (1974, 1975) asserted that vehement public accusations of test bias have forced educators and psychologists to design research which has investigated the use of tests with minority students and to attempt to design more culturally fair tests. These accusations also have led to the writing of articles and books which address the issue of nondiscriminatory testing from the viewpoint of the practitioner (Duffey, Salvia, Tucker, & Ysseldyke, 1981; Oakland & Matuszek, 1977; Ysseldyke & Regan, 1980).

Most authors have come to agree that simply renorming tests or administering existing tests in another language has not solved the problem of test bias where minority students have been concerned (Bransford, 1974; Duffey, Salvia, Tucker, & Ysseldyke, 1981). Despite some calls for a moratorium on testing, the general trend in the literature has been to advocate using tests more appropriately (i.e., using tests only for the purpose for which they have been designed) (Turnbull, 1975), including input from the child's social milieu when assessing test results (Mercer, 1975), diagnosing for instructional rather than labeling purposes (Reynolds, 1975), and specifying particular criteria according to the type of decision to be made (Duffey, Salvia, Tucker, & Ysseldyke, 1981; Ysseldyke & Regan, 1980). Salvia and Ysseldyke (1978) summarized the testing issue by stating:

> The main question in obtaining assessment information is not, How can we use tests? Rather, the fundamental question is, How can we obtain the information necessary to make certain educational decisions? (p. 474)

Adequacy of Tests

In its quest for scientific respectability, education has sought to follow the path of psychology in quantifying as many data as possible in its efforts to predict school success or failure (Mearig, 1981). The end result has been a high degree of reliance on tests in determining placement of children within the school system. Testing has been perceived as a process of "exposing a person to a particular set of questions in order to obtain a score. That score is the end product of testing" (Salvia & Ysseldyke, 1978, p. 3). While testing could be part of a larger assessment process, it should not have constituted the total assessment. In other words, tests could, and should, have been used to add to an existing body of information describing how a child has been functioning and what developmental level the child has reached (Zach, 1975). All too often, however, test scores have been perceived as definitive (Mearig, 1981), predictive (Bersoff, 1973), and an end in and of themselves (Rubin, Krus, & Balow, 1973).

Some researchers have found many tests to be inadequate (Adelman, 1978, Salvia & Ysseldyke, 1978; Ysseldyke & Algozzine, 1979) or simply impossible to evaluate effectively (Meehl, 1973). The adequacy of a test typically has been determined by analyzing its norms, reliability, and validity (Ysseldyke, 1979), along with reported research on the test. For many tests, this information has been inadequate (Meehl, 1973; Salvia & Ysseldyke, 1978) or missing (Meehl, 1973). From his research, Ysseldyke (1979) has concluded that children have run the risk of being placed in special classes on the basis of decisions derived from "test identified ability deficits with no evidence that the tests measure the abilities they purport to measure" (p. 93).

Another criticism has involved the inappropriate use of test scores. The political and social ramifications of the use of IQ scores have elicited considerable controversy over their use. In fact, it was the use of IQ scores which led to many of the lawsuits claiming misplacements of minority students (e.g., Larry P. v. Riles). A major problem with intelligence tests has been that the tests have been used to define intelligence (Zach, 1975), when it has been argued that they mainly have measured acquired knowledge (Mearig, 1981). The answers to the various test questions, not the IQ score, have provided information about a child's current abilities (Zach, 1975), but the intelligence score has received the emphasis in the diagnostic report and the child's intelligence has thus been classified within a certain range (Bersoff, 1973). Additionally, testing has been done in a setting designed to emulate a clinical setting and usually located away from the school (Bersoff, 1973). This, Bersoff contended, has limited the teacher's opportunity to provide direct input regarding the child's actual performance and the diagnostician's opportunity to observe true classroom performance. Bersoff concluded that placement decisions about children have been based on a score measuring current knowledge (an end product) in a setting different from the one in which the student actually was expected to function.

Tests also have been used to determine IQ-achievement discrepancy in order to identify learning disabled students (Bateman, 1965). This practice originated as a means of determining a discrepancy between expected and actual achievement levels or between two different perceptual modes. Ysseldyke and Sabatino (1972) analyzed this practice of figuring discrepancy scores using the Illinois Test of Psycholinguistic Abilities (ITPA). They pointed out that the popular argument in favor of such a practice has been that differences between ITPA subtests can be compared by using mean or median scaled scores and by taking the standard error of measurement into consideration. In their analysis, they concluded that:

> interpretations of psycholinguistic strengths and weaknesses based upon set guidelines and upon degree of disparity between scores earned on specific subtests and an overall or average score on the entire test can lead to gross misinterpretations and questionable educational planning. . . . To average performance on subtests that supposedly sample

> different kinds of behavior appears analogous to averaging several kinds of academic achievement scores to produce an educationally meaningless mean achievement score. (Ysseldyke & Sabatino, 1972, p. 313)

In another analysis of the use of deficit scores, Salvia and Clark (1973) used an achievement test and a test of mental maturity. They demonstrated that, because of a sufficiently large standard error of measurement, the obtained difference score was less reliable than when either of the two raw scores was used individually. They also demonstrated that, when using difference scores, there was a greater chance that children who had no real deficiency would appear to have a significant deficit. Similarly, children with real deficits might have been identified as having only a minimal deficit. The authors concluded that "the standard error of measurement for deficit scores is sufficiently large to preclude rigid adherence to deficits as a criterion for learning disabilities" (p. 308).

The inadequacy of procedures used to figure deficits, combined with the inadequacy of the tests themselves, has raised serious questions about the continued use of deficit scores for identifying learning disabled students. In fact, Ysseldyke (1979) concluded: "clearly given the state of the art in assessment, the use of deficit scores is a very dangerous and misleading practice" (p. 93).[2]

Other Sources of Bias

Bias has not been exclusive to test construction and usage, but has occurred throughout the decision making process (Ysseldyke, 1979; Ysseldyke & Algozzine, 1979). Factors which were biased in decision making about children have been identified throughout the literature, including bias in teacher assessments leading to referrals, bias in the process of administering and scoring tests, and bias in the final labeling and/or placement decision.

Teacher Assessment

Some of the first major research on teacher bias in the classroom was made public when Rosenthal and Jacobson (1968) first wrote about the pygmalion effect: that children would perform according to what was expected of them. Subsequently, there were many attempts to duplicate the research of Rosenthal and Jacobson, with varying degrees of success. Two studies of teacher expectancy which supported the concept of the pygmalion effect were those of Palardy (1969) and Seaver (1973). Palardy used a questionnaire along with pre and post achievement tests and found that male students in classrooms where the teacher reported a belief that boys were less successful than girls performed less well than male students in classrooms where the teacher believed boys to be as successful as girls. Using a different approach, Seaver matched pairs of siblings, with the younger sibling assigned to the same teacher as the older sibling. He found support for his hypothesis that students whose older sibling had performed well did better if assigned to the same teacher than if assigned to a different teacher (control situation). Conversely, he found that students whose sibling had performed poorly in school did less well if assigned to the same teacher than if assigned to a different teacher. Although the research in this area of teacher induced expectancies has been far from conclusive, it has raised serious questions regarding the impact of teacher expectancies and their influence on referral.

Sex has been identified as another possible source of bias in teachers' perceptions/decisions regarding referrals. It has been well established that boys greatly outnumber girls in special education classes (Lerner, 1981; Norman & Zigmond, 1980; Yahraes & Prestwich, 1976). Yahraes and Prestwich (1976) stated that "boys are at greater risk than girls to hyperactivity, behavioral disturbances, autism, and schizophrenia" (p. 4). While some explanation for this phenomenon may have been found in physiological differences (Morgan, 1979; Yahraes & Prestwich, 1976), it also may have been due in part to differences in teacher influence and expectations. Palardy's (1969) research supported the hypothesis that teachers may have differing expectations of boys and girls. Meyer and Thompson (1956) found that teachers directed more disapproving statements towards boys than toward girls. In reviewing research comparing teacher and clinician attitudes toward behavior, Beilin (1959) concluded that

> the reasons girls are considered better adjusted by teachers is that teachers have certain expectations of what good adjustment in school should be and the prescription for girls' adjustment is more consistent with these expectations than the prescription for boys' good adjustment. (p. 18)

The possibility that sex factors may have influenced a teacher's perceptions and decisions regarding students has been considered as a source of bias.

The research of Ross and Salvia (1975) did not show sex to be a significant factor in teachers' placement decisions, but they did find physical attractiveness to be a biasing factor. They found that teachers judged unattractive children as needing special placements more often than they did attractive children. Teachers also evidenced a belief that unattractive children would need further psychological evaluations and were more likely to experience social and academic difficulties in the future. Further support for attractiveness as a biasing factor has been provided by Dion (1972), who found that severe behavioral transgressions were judged more harshly when committed by an unattractive child as compared to an attractive child. One criticism of this study has been that female undergraduate students were used as subjects, rather than teachers who might have been more experienced in making objective assessments.

The major concerns of teachers have been defined as classroom management, authority, and sex problems (Beilin, 1959), all relating to socially deviant and socially defiant behavior. Behavior problems have been found to generate more referrals for special placement (Giesbrecht & Routh, 1979). Algozzine (1977, 1980) found socially defiant behaviors to be the most disturbing behaviors as rated by both regular and special education teachers. In another study, Algozzine and Curran (1979) found that ratings of a student's potential were influenced by a teacher's tolerance for socially defiant behaviors. Both behaviorally disturbed and learning disabled labeled students have been found to be less attentive to teacher presentations than non-labeled students (Boomer & King, 1981; Bryan, 1974; Bryan & Wheeler, 1972). In addition, Bryan and Bryan (1981) reported that disturbing behavior was a major characteristic of learning disabled children as rated by classroom teachers. Teachers also have reported an increase in behavior problems for students in the fifth through eighth grades (Hildreth, 1928; Hurlock, 1934; McClure, 1929).

Another factor which has been found to influence teachers' judgments and perceptions of student ability is the socio-economic one (Lendowsky & Blackman, 1968; Miller, McLaughlin, & Haddon, 1968; Rubin, Kurs, & Balow, 1973). In all three of these studies, socio-economic factors differentiated lower achieving students from higher achieving students and were found to attribute to a child's lower functioning abilities. Race was not a contributing factor in at least one of the above studies which used race as one of the variables (Lendowsky & Blackman, 1968).

Research which has attempted to determine factors which might bias teacher judgments has appeared inconclusive at this time. Yet there has been evidence to indicate that among the types of information available to decision makers, child characteristics (e.g., sex, attractiveness, socio-economic status, behavior) have influenced decisions even though the decision makers have thought these decisions were based primarily on academic information (Thurlow & Ysseldyke, 1980a). Child characteristics have been shown to influence teacher decisions to refer a student for special placement, even though those characteristics were not among those overtly identified by the teacher. Once the teacher referral has been made, the next point at which bias may have occurred has been in the psychoeducational testing.

Diagnostician Assessments

One component of an assessment process for special education placement generally has been a comprehensive psychoeducational evaluation. Such evaluations usually have been administered in a setting away from the classroom by a person other than the teacher (Bersoff, 1973). The person administering the tests generally has been one who has been trained in psychoeducational testing, such as a diagnostician or a psychologist. Research has shown that these persons also are susceptible to biasing influences.

Wickes (1956) found that test results were affected significantly by verbal and nonverbal feedback indicating approval by the examiner. Two additional instances of bias in the testing situation were identified by Masling (1957, 1959), who found that interaction or type of response emitted by the examinee influenced the administration and scoring of an intelligence test and the interpretation of a projective protocol. In both instances, the examiner responded more favorably to subjects who showed signs of liking the examiner or being more interested in the situation.

Research on testing has indicated that it has been possible for the testing situation to be influenced by both the interaction of the examiner and the interaction of the examinee. The strength of this research has been limited by methodological questions or weaknesses (e.g., much of the research has used students with limited experience in testing, and more experienced examiners might have responded differently).

After reviewing a large number of research reports on situational and interpersonal factors in clinical testing, Masling (1960) concluded that despite flaws in the research to date, present studies have produced "strong evidence [that] situational and interpersonal influences [do exist] in projective testing" (p. 80). Conscious recognition and discussion of factors which could have influenced the testing situation might have led to less biased, more accurate decision making.

In addition to situational and interpersonal influences, information provided by the referring teacher has been proven to influence the diagnostician's evaluation. Hersch (1971) found that referral information from a teacher related significantly to the performance of a tester. That is, examiners were found to obtain higher IQ scores for children with positive referral reports than for those with negative reports; they started examinees at a higher level when the examinee had received positive teacher referrals; and different ratings and recommendations were made for positive referrals.

Further indication that the referral statement has been important to a diagnostic decision regarding special education placement has been provided by Ysseldyke, Algozzine, Regan, Potter, Richey, and Thurlow (1980). They reported the results of a computer simulation study using 16 students with bogus background information. The information included a referral statement, indicating either behavioral or academic problems, and a variety of test data. Each case was assigned performance data that were within the normal range for a student of the assigned age. Subjects, including a variety of school professionals, were randomly assigned one of the 16 students and asked to make a decision about placement in a special education program. Subjects were allowed to select the information they felt was necessary to make such a decision. Results indicated that 51 percent of the subjects declared their students to be eligible for special education. When asked to indicate what most influenced their decisions, the subjects reported that intelligence and achievement test data and the discrepancies between the two were most influential. Further analysis indicated that the referral statement was also influential. The degree to which the referral statement influenced the placement decision has been difficult to ascertain definitively since the study used self-reporting which may not always have been reliable.

In another study, a referral statement was shown empirically to influence decisions to classify a child as emotionally disturbed (Ysseldyke & Algozzine, 1980). The researchers used simulated case descriptions which were accompanied by a behavior or academic referral statement. Subjects were asked to read the descriptions and to judge the likelihood of the child being mentally retarded, learning disabled, or emotionally disturbed. Data analysis revealed that subjects tended to rate the case descriptions as learning disabled. However, "when the presenting problem was behavior, a diagnosis of ED [emotionally disturbed] was more likely than when the presenting problem was academic" (p. 6).

Support for the clinical model of testing has been based on the presumption that evaluation conclusions (classification decisions and prognosis) were objective and fair. However, much published research has not supported this presumption. Most disturbing has been the finding that such bias generally has not been acknowledged by the assessors (as indicated by the research report of Ysseldyke, Algozzine, Regan, Potter, Richey, & Thurlow, 1980). Assessors have presumed that they were basing their decisions on objective data (such as academic information or objective observation), when in fact much of their decision making may have been based on biased, subjective data (as found in teacher referral statements and student/examiner interpersonal relations).

Additional Bias

Biasing sources have been discussed in terms of factors which bias teacher perceptions and those which bias diagnostician evaluations. Many of these factors undoubtedly have overlapped in that factors biasing teacher decisions just as easily may have biased diagnostician decisions, for bias has not been that easily differentiated. In this final section, several studies have been discussed which add further information on the complexity of bias in the decision making process.

Because of the use of multidisciplinary teams, decisions often have been made by psychologists (or diagnosticians), teachers, and other personnel as a group. Matuszek and Oakland (1979) compared teachers and psychologists to determine if they used different student characteristics when making placement decisions. They found that both groups of professionals used IQ scores, class achievement, test achievement, and home-related anxiety as the major bases for their decision making. They further found that teachers also used adaptive behavior and self concept, whereas psychologists did not. Placement decisions were found not to be dependent on socio-economic status (SES) or race. Matuszek and Oakland found that psychologists tended to suggest placement for students from higher SES homes more often than for students from lower SES homes. This did not hold true, however, for teachers. The authors suggested that perhaps psychologists were 1) more sensitive to the possibility of bias in testing students from lower SES backgrounds, or 2) inclined to see the problems of higher SES students as being more intrinsic and the problems of lower SES students as more external. Teachers, on the other hand, were felt to be more concerned with having "the problem" removed from their classroom. Teachers also tended to suggest placement more often for students with IQs in the low average range and for students whose test achievement was average but whose classroom achievement was low. Having both the psychologist (or diagnostician) and the teacher as members of the multi-disciplinary team responsible for making the placement decision indeed may have been necessary in order for the most appropriate decision to be made.

Another study (Adelman, 1979b) reported that after reviewing the decision making on 15 students placed in special education, it was found that "only one diagnosis resulted from a consistent pattern of test results" (p. 8). After studying the data carefully, Adelman concluded that it appeared that LD and BD children were being identified primarily by teachers and parents, and that other professionals were doing little more than agreeing with the identification. Naturally, once a child has been identified as handicapped, he/she has been assured a placement in special education services by law. Further supporting this study, Thurlow and Ysseldyke (1979) found after studying child identification procedures in model LD programs that teacher referrals were the major source of identification. From these studies, as well as others noted earlier, it would appear that teacher referrals have played a major role in the identification and placement of students for special education classes.

One last study has been worth noting. After conducting a brief, informal survey, Holland (1980) concluded that decisions regarding special education were influenced by many subtle, interrelated, and complex influences. He listed these influences as:

> (a) parental pressures, (b) available programs/resources, (c) the student's male/female identity, (d) racial considerations, (e) vested interests of social agencies/advocacy groups, (f) the teacher's and/or principal's influence, (g) physical/social/emotional maturity of the student, (h) geographical

> proximity of certain special education services, and (i) academic abilities as well as school behaviors of the student. (p. 552)

Holland's list included many factors already discussed in this chapter which could be classified as personal ones (i.e., factors associated with the decision maker or the student). In addition, Holland identified other factors which could be classified as organizational factors (i.e., factors associated with the administration and management of the organization). The organizational factors which have influenced decisions about special education placements have been explored further in the data analysis section of this study and have been the major focus of this research.

Summary

The purpose of this chapter has been to present legal and educational concerns regarding possible detrimental effects of the special education identification through placement process. One concern discussed involved issues of classification and labeling which have been cited as leading to discrimination. Another concern centered on the possibility of a student being placed erroneously in special education because of the inappropriate use of tests or the use of inadequate tests. A third issue was that of sources of bias which might influence an individual's perceptions of and conclusions about a student. These issues have been of concern because it has been shown that individuals erroneously placed in special education can be stigmatized by the society in which they live.

In an effort to clarify and define who should be placed in special education and to assure that decisions have been made appropriately, identification through placement procedures have been developed. These procedures have outlined steps to be followed when making decisions about special education placement. They have been designed to incorporate legal requirements as well as valid educational arguments. The underlying presumption has been that, when the procedures have been followed, decisions would be made more systematically and rationally than otherwise might have been expected, thus resulting in more appropriate decision making.

While procedures have provided a systematic guide for decision making, they have not automatically assured that the best decision has been made regarding a particular child. Decision making has not occurred in isolation, but rather in a social environment within an organizational context. Decisions have been influenced not only by individual perceptions, but also by the organization of which the individuals are a part. The purpose of this research was to observe the procedures in operation within the organizational context, to analyze these observations, and to determine what factors within the context influenced the decision making process.

This chapter has presented an overview of those factors which have been identified as influencing an individual's decisions and which have influenced the development of current identification through placement procedures. The remaining chapters have discussed additional factors which have influenced decision making as it has been carried out within an organizational context. These factors have emerged from careful analysis of the data collected for this research. The discussion in this chapter should not be discounted or disregarded, but rather, juxtaposed with that in the remaining chapters to provide a more complete picture of how special education identification and placement decisions have been influenced and determined.

NOTES

1. Only the criticisms of tests used to sort and classify groups of students have been addressed in this section. Clearly, counter arguments exist which have provided support for these same tests. It was not the intention of the writer to research and draw conclusions about testing practices or the value of tests. Rather, the purpose of this section was to draw attention to the fact that much uncertainty has existed within this area.

2. During the period of data collection, deficit scores, as determined by scores from two tests, were not used in District 112. Rather, the deficit requirements in the LD definition were determined by comparing an obtained achievement test score with actual grade level accompanied by a normal IQ score (achievement was to be at least two grades below actual grade level). It has been interesting to note, however, that in an effort to discriminate more accurately between LD and low achievers (slow learners) (i.e., to reduce the numbers of students identified as LD), the State Board of Education adopted new regulations during the summer of 1982 which included a deficit score requirement for determining an LD classification.

CHAPTER V

Description of Procedures

The purpose for establishing a set of identification through placement procedures traditionally has been to provide a guide for making decisions about students and placements. These procedures also have provided assurance that decisions have been made in an equitable manner. In Chapter III, policy at the local, state, and federal levels which has served as the foundation for developing identification through placement procedures was discussed. Classification and diagnostic issues from the literature which have influenced policy and procedures were discussed in Chapter IV. Local educational administrators have been responsible for interpreting policy and issues and putting them into a workable format. The outcome has been sets of procedures which describe how to identify, remediate, refer, and place special education students. This chapter has described District 112's procedures as they appeared in the District Policy and Procedures Manual for Special Education (hereafter referred to as The Manual) and as they appeared in observation.

District Written Procedures

Procedures for special education identification through placement were outlined in The Manual in an effort to handle all referrals in a uniform and consistent manner. The following has summarized these procedures.

Identification

The Manual stated that "all referrals to the special education department will be handled in a uniform manner across the district in accordance with the procedures" (p. 10). Needs of students (not availability of the program) were to be the determining factor for referrals. Identifying those students who might benefit from a special education evaluation referral required going through two major steps: the support team and the referral team.

Support team. The Manual stated that when a student was having difficulty in school, the teacher would refer the student to the support team. The support team was to consist of school staff members and was not composed specifically of special education staff, although special education staff might have been part of the team. The school support team was to attempt to resolve student problems by implementing an intervention strategy. A record of all interventions tried was to be maintained. This record was included in the referral package if the student eventually was referred for special education evaluation. Intervention strategies suggested in The Manual included: complete review of cumulative folder, teacher team planning, parent contacts, classroom modifications, school counselor services, school nurse contacts, alternative programs at school, and pupil/teacher matching. Another listing of sample interventions was included at a later point in a discussion of the referral team. A listing of information contained in the referral packet included "documentation of previous interventions attempted such as alternative teaching methods, counseling, contracting, schedule changes, change of classroom, Title I services, or parent contacts" (p. 11).

Referral team. The support team might have decided that a special education evaluation referral was the most appropriate intervention. If so, the support team was to submit a referral to the school referral team, which was to meet at least once a month. The referral team could consist of all or some of the members of the support team. Recommended membership included "the principal or designee, a special education coordinator, or a diagnostician,[1] a counselor, the head teacher or the department head of special education, the nurse, the speech and language therapist, and one or more special education and regular classroom teachers who have pertinent information" (The Manual, p. 10). The referral team was to designate a team member to collect any additional materials needed for the referral packet. Information to be included in the referral packet was outlined (see Appendix B), and the diagnostician or program coordinator was designated as the one to pick up the completed referral packet. As a last assignment, the referral team was to assign a priority status[2] to the referral.

Evaluation

The policy statement found in The Manual specified that evaluations were to be conducted "in a uniform manner across the district" (p. 13). Evaluation procedures were to be conducted in accordance with the New Mexico State Regulations for Special Education and Section 504 of P.L. 93-112. Certified diagnosticians and qualified therapists were responsible for evaluations, which were scheduled first by priority rating and second by order of referral date. Evaluations were conducted at the Area Office or District Diagnostic Center, with some allowance made for conducting them at the school if necessary.[3]

Procedures for evaluation began with the diagnostician obtaining "informed written permission to test and a case history in a personal interview with the parent(s)" (The Manual, p. 13). At this time, the diagnostician would also determine language dominance[4] and give the parent(s) a copy of the district handbook, "The Exceptional Student."

Evaluation instruments were to be chosen "according to the guidelines established in the New Mexico State Regulations for Special Education and the needs of the student" (The Manual, p. 14). Upon completion of the psychoeducational evaluation, the diagnostician might have requested ancillary service evaluation if determined appropriate.[5]

When all evaluations were complete, the diagnostician was responsible for collecting ancillary service evaluation reports and any other information and for writing a summary report of the results.

This was then submitted to a secretary to be typed. The Manual further stated that "this report should include a statement regarding the student's eligibility" (p. 14). An abbreviated written report was prepared for school staff and for the program coordinator. As a last responsibility, the diagnostician was to arrange a meeting with the parent(s) to interpret the test results and review the diagnostic conclusions.

Placement

The Manual stipulated that "eligibility for special education services [was] contingent upon an identified condition of exceptionality in accordance with the New Mexico State Regulations for Special Education" (p. 16). The level of placement or type of program was dependent on eligibility, and was determined according to the student's educational need. An Educational Appraisal and Review (EA&R) committee meeting was required to be held for each evaluated student.

EA&R committee. The responsibility of the EA&R committee was "to review data, determine eligibility status, and make a recommendation for an educational program and related/ancillary services appropriate to the student's needs" (The Manual, p. 16). The EA&R committee was chaired by the special education program coordinator and was composed of at least four (4) persons. In addition to the program coordinator, members were to include the principal or designee as well as other staff members. The school counselor, the school nurse, the referring or regular class teacher, the special education teacher, appropriate ancillary service personnel, and a member of the evaluation team were recommended as possible committee members. Parents were to receive a written invitation, but were not required to be in attendance. A copy of the notification letter sent to the parents was to be filed in the student's area confidential folder.

The Observed Decision Making Procedures

The Manual described steps to be taken when making decisions about students and special education. It represented an ideal, while the observed procedures represented the real, procedural steps intertwined with human and organizational factors and not addressed in written procedures. Items not addressed in The Manual were left for school personnel to resolve and their influence on these persons was seen as the decision making process was implemented. Table I has contrasted written procedures as found in The Manual with observed procedures. A narrative description comparing the observed procedures with those in The Manual has constituted the remainder of this chapter. Because evaluations generally took place at the area office, they were not observed, and thus have not been included in this description.[6]

Support Team

According to The Manual, teachers were to refer student problems to the support team. In the observed procedures, an individual (the counselor or the special education head teacher) was designated as the problem supervisor (a term coined for this paper). Teachers referred problems to the problem supervisor, who collected

TABLE 1

WRITTEN PROCEDURES CONTRASTED WITH OBSERVED PROCEDURES

The Manual	Observations
	Support Team
	- A school staff member (problem supervisor) was given or assumed responsibility for receiving referrals, collecting data, screening input, and presenting referral to support team.
- Teacher was to refer student problem to support team.	- Teacher referred student problem to problem supervisor (PS).
	- PS collected teacher reports, screened formal and informal input, and determined severity of the problem.
	- PS initiated an intervention or waited for the support team meeting.
-Support team was to meet (no time specified).	- Support team met once a week or as needed.
	- Available meeting time was before school (30 min.), a period during school day (45 min.), or after school (15 min.).
- Support team was to consist of school staff; not specifically a special education (SE) team.	- Support team consisted of school staff; exact membership varied to include any combination of teachers, administrators, counselors, special education (SE) head teacher, reading specialist, speech and language therapist, and nurse.
	- PS presented problem.
	- PS briefly reviewed data, using general and vague terms (e.g., student is having difficulty; student is failing).

TABLE 1, continued

The Manual	Observations
- Support team was to suggest intervention.	- PS announced intervention immediately; PS suggested intervention after a short discussion period; or PS requested input/ideas.
- Primary list of interventions was to include: complete review of cumulative folder, teacher team planning, parent contacts, classroom modifications, school counselor services, school nurse contacts, alternative programs at school, pupil/teacher matching. A second list under documentation for referral was to include: alternative teaching methods, counseling, contracting, schedule changes, change of classroom, Title I services, or parent contacts.	- Suggested interventions included: tutoring, setting up behavior reporting systems, contracting, suspension, counseling, failure/retention, extra assignments, or change in schedule. Remedial reading programs and special education programs were the only available alternative programming in schools.
- Support team was to resolve problems.	- Support team affirmed PS's decision; someone with greater authority announced decision; no decision evolved; or a decision evolved through discussion.
	- PS was responsible for carrying out intervention.
	- If SE evaluation was recommended, PS collected referral packet materials. (One school delayed this step.)
- Support team was to submit referral to referral team.	- PS presented referral at referral team meeting.
Referral Team	
- Referral team was to meet once a month.	- Referral team met a minimum of once a month.
	- Available meeting time was before school (35 min.) or during school (45 min.).

TABLE 1, continued

The Manual	Observations
- Referral team recommended membership was to include: administrator, SE coordinator or diagnostician, counselor, SE head teacher, nurse, speech and language therapist, and one or more SE and regular classroom teachers.	- Referral team membership always included a diagnostician or SE coordinator and SE head teacher. Other members varied and could include administrator, regular classroom teachers, counselors, reading specialist, speech and language therapist, and nurse. Membership ranged from two to 15 persons.
	- PS presented decision to refer for SE evaluation.
	- Decision to refer for SE evaluation was supported by a brief problem description.
	- In all but one situation, packet of information was presented to the diagnostician or SE coordinator. In one situation the referral packet was prepared and delivered after the referral meeting.
- Manual listed information sources to be included in packet.	- Diagnostician or SE coordinator leafed through referral packet.
- Referral team was to assign individual to collect additional information.	- Packets corresponded with manual requirements.
	- Diagnostician or SE coordinator determined appropriateness of referral.
- Referral team was to determine priority status.	- Diagnostician or SE coordinator determined priority status.
-Evaluation was to be completed at Area Office.	- Most evaluations were completed at area office.
	- SE coordinator had SE head teacher arrange EA&R meeting in accordance with SE coordinator's schedule.

TABLE 1, continued

The Manual	Observations
EA&R Committee	
	- EA&R meeting was scheduled during the school day.
	- Parents were notified of EA&R meeting.
- SE program coordinator was to chair EA&R meeting.	- SE coordinator chaired EA&R meeting.
- At least four EA&R committee members were to be present.	- At least three EA&R committee members were present.
- Recommended membership in addition to SE coordinator might include: administrator, counselor, nurse, referring or regular class teacher, SE head teacher, ancillary service personnel, and a member of the evaluation team. Parents were required to be invited.	- Membership always included SE head teacher in addition to SE coordinator. Other regular attending members included any combination of administrator, nurse, counselors, receiving SE teacher, and parent(s). On rare occasions a regular teacher or reading specialist might attend.
	- SE coordinator and SE teacher(s) might read quickly through diagnostician's report.
- EA&R committee was to determine eligibility.	- EA&R committee affirmed diagnostician's eligibility statement.
- EA&R committee was to determine placement level.	- SE head teacher or counselor presented predetermined placement level decision.
	- EA&R committee affirmed placement level decision.
	- Paperwork was completed.
	- If student was ineligible for SE services, the student's program remained unchanged.

pertinent information (e.g., cumulative written reports from the student's folder information, Wide Range Achievement Test results) and written reports from the student's teachers for screening. This information was collected formally and informally to determine the severity of the problem and the priority for presenting it to the support team. In the process of collecting data on the student and analyzing those data, the problem supervisor either initiated an intervention immediately or waited for the support team meeting.

The Manual did not specify how often or when the support team should meet. At one school the team met once every week, at another school it met once a week for three weeks of the month, and at another school it met only when the problem supervisor thought it necessary. Time available for meetings was determined by the school schedule and the teacher contracts. A total of 30 minutes was available if meetings were held before school, 15 minutes were available after school, and 45 minutes maximum were available when the meeting was held during a period of the school day.

The Manual did not make suggestions regarding support team membership except to state that the team was not to be specifically a special education team. Schools varied on the issue of team membership. One school insisted that all of the student's teachers, an administrator, a special education representative, the nurse, and the counselor be present before a meeting could take place. Another school invited these same persons, but held the meeting regardless of how many individuals showed up. The third school specified the counselors, the administrators, the special education head teacher, the reading specialist, the speech and language therapist, and the nurse as regular team members.

According to The Manual, the support team was responsible for deciding on an intervention to resolve the student's problem. In practice, the problem supervisor or an individual in an administrative or pseudo-administrative role suggested the intervention in all cases but five.[7] A description of the problem was given in general, broad terms (e.g., student is having difficulty; student is not turning in work), often accompanied by the reading of Wide Range Achievement Test (WRAT) scores. The support team supported suggested interventions with very little discussion or generation of alternatives.

The Manual included two listings of suggested interventions, one in the discussion of the support team and one in the discussion of required referral materials. The specific suggestions have been listed in Table 1. Only some of the listings could be considered actual interventions; these were classroom modifications, counseling, alternative programs, contracting, schedule changes, and Title I services. The remaining suggestions were methods for collecting information or problem solving. Interventions used in practice included tutoring, counseling, using behavior reporting systems, suspension, contracting, failure/retention, extra assignments, or change in schedule. Remedial reading programs sometimes were suggested as an alternative, but generally those students qualifying for such programs were already receiving the service. Interventions requiring an alteration of teaching methodology, classroom environment, or school structure did not evolve from the work of the support team. With the exception of a few remedial reading programs and a variety of special education programs, alternative programming appeared non-existent.

The Manual made no mention of how interventions might be implemented. In practice, the problem supervisor was given responsibility for supervising the implementation of an intervention. If the intervention involved persons other than support team members, the problem supervisor was responsible for relaying the information after the meeting. Data revealed that communication between the problem supervisor and other school staff was limited and that interventions were implemented most successfully when they fit the expectations of the problem supervisor.

Referral Team

When a special education evaluation was recommended, The Manual stated that the support team was to make a referral to the referral team, which was to meet once a month. In practice, the problem supervisor presented the recommendation as a final decision to the referral team. While meetings were held at a minimum of once a week, the time available was subject to the same constraints as that available for support team meetings. That is, one school used the 30 minutes before school for meetings so that regular classroom teachers could attend, while the other two schools used one period of the school day which provided a maximum of 45 minutes of available time.

The Manual suggested that referral team membership might have included an administrator, a special education coordinator or diagnostician, a counselor, the special education head teacher, the nurse, the speech and language therapist, and one or more special education and regular classroom teachers. In practice, the diagnostician or special education coordinator and the special education head teacher were the only two constant members. Other members varied from school to school and from meeting to meeting. In one case, all the regular classroom teachers of a particular student were expected to attend, along with the counselor, the speech and language therapist, the nurse, the principal, and the reading specialist. In another school, the counselor serving as problem supervisor usually attended when presenting a referral. Other members of the team included the speech and language therapist, the reading specialist, an administrator, and a second counselor; but the attendance of these members was contingent upon other schedule demands. In the third case, no other members besides the special education coordinator and the special education head teacher were required.

When the referral meeting convened, the problem supervisor presented the referral decision together with a brief description of the problem. In two schools, a referral packet was presented to the diagnostician or special education coordinator, who made certain that all required pieces of information were included. This individual also made sure that, if the student was being referred for learning disabilities, the achievement scores were within a qualifying range. At the third school, the problem supervisor presented the referral decision and waited for a sign of approval from the principal. The referral packet was assembled and delivered to the diagnostician at a later date.

The Manual stated that the referral team was to process suggested referrals, but did not state what was meant by "process." Observations of referral team meetings revealed that the problem supervisor briefly presented the referral decision. The diagnostician or the special education coordinator (or in one case, the principal) then determined the appropriateness of the referral decision.

If additional data were needed, The Manual stated that the referral team was to assign an individual to collect the data. In practice, when the diagnostician or special education coordinator noted missing referral information, the problem supervisor was responsible for collecting it and presenting the referral packet again at a later date. Information to be included in the packet was determined according to the list of information specified in The Manual (see Appendix B). While a list of required materials was supplied, no criteria were given with regard to writing reports or assessing student abilities, and there were no specific examples of the kinds of information most helpful to the evaluation process.

Another task assigned the referral team by The Manual was to determine the priority status. In practice, this was specified by the diagnostician or the special education coordinator, who carried the referral packet to the area office where the evaluation was completed.

EA&R Committee

When the evaluation was complete, The Manual stated that an EA&R committee meeting was to be held. Observations indicated that the special education head teacher arranged a time and date for the meeting with the special education coordinator. Meetings were always scheduled during the school day. The special education head teacher also notified the parents in writing, by telephone, or both, informing them of the meeting.

The special education coordinator always chaired the EA&R meeting, in accordance with The Manual. The Manual stated that at least four persons were to be in attendance, but observations were made of some EA&R meetings with only three persons in attendance. The membership recommended by The Manual, in addition to the special education coordinator, could have included any of the following: administrator, counselor, nurse, referring or regular class teacher, special education head teacher, ancillary service personnel, and a member of the evaluation team. Parents were required to be invited, according to The Manual, but were not required to be in attendance. In observations, EA&R committees always included the special education coordinator and the special education head teacher. Other regular members included the parent, a counselor, the nurse, an administrator, and the receiving special education teacher. On one occasion, two regular teachers were observed in attendance.

During the EA&R meeting, the special education coordinator and one or more attending special education teachers were observed reviewing the diagnostician's written report. The Manual gave the EA&R team the responsibility for determining eligibility and placement level. In practice, the EA&R team accepted the diagnostician's eligibility decision by not challenging it. A predetermined decision on placement level was presented by either the special education head teacher or the counselor. The obvious task performed by the EA&R committee was to complete the paperwork which made placement in a special education program legal. When the student was found to be ineligible, he/she continued in the regular program without intervention or alteration.

Summary

As schools attempted to make decisions about identifying and placing students in special education, school procedures were established in accordance with district written procedures. Basically, observations indicated that schools included those steps specified in The Manual, with some modifications. However, decisions were more influenced by factors omitted from The Manual. These factors became evident in viewing decision making procedures within the operational setting.

Teams were shown to be the determining factor not in decison making, but in confirming and supporting decisions made by individuals. In itself, this did not make a decision wrong, but, rather, indicated that decisions were made by an individual rather than by a team.

Another factor influencing the decision making process was the type and quality of information available or used. Most of the information presented to a team was delivered by a problem supervisor. This meant that the original source of the information had to convey an accurate message to the problem supervisor. Written reports were not read thoroughly at the meetings, and data supporting decisions were broad and general in nature. Additionally, the success of an intervention sometimes depended on whether the problem supervisor relayed information from the support team meeting to the classroom teacher.

Time also influenced decision making. Student problems often were not addressed because of lack of available time. Team membership was affected by time, necessitating a greater reliance on secondary information. Further, the ability to explore a problem and possible alternatives thoroughly was affected by available time as well as by other demands for an individual's attention.

Finally, The Manual suggested that interventions be tried prior to the submission of referrals for special education evaluation. Many of the interventions suggested in The Manual were not true interventions, but tools for data collection or problem solving. At times, no interventions were attempted prior to a student's placement in special education.

All of the factors indicated above clearly had an impact on the decision making process, and yet were not addressed in the written procedures. The remainder of this study has discussed these factors as they influenced decisions in the special education identification through placement process. Chapter VI has demonstrated how one individual, as opposed to a team, controls decision making. Time and attention have comprised the focus of Chapter VII. Chapter VIII has analyzed the sources and uses of information, while Chapter IX has discussed interventions and alternatives.

NOTES

1. The policy and procedures Manual stated that a special education coordinator or a diagnostician was to be present at the referral meeting. The district referral procedures outlined in a memo to all principals stated that the "team presents the completed referral packet to the Special Education Program Coordinator or designee" (Correspondence, 2/25/81). In practice, the diagnostician was designated as the official representative from the area special education office on the referral team. This practice was considered to be district policy by top level administrators.

2. A priority classification system consisting of two levels was developed in an effort to comply with requirements from OCR to ensure that students were tested first in order of need, and second in order of receipt of referral. Enforcement of the use of priority I and priority II became paramount when the district was requested to submit a plan to the state department that outlined procedures for attacking the diagnostic backlog (Interview data). Definitions for the two priority levels read as follows:

> Priority I: Severely handicapped students for whom entrance into or maintenance in a regular classroom without special education services does not appear to be feasible.
>
> Priority II: Other students referred for original diagnosis and students referred for re-evaluation should be evaluated in order of referral. (The Manual, p. 12)

These priorities were listed as being district policy and no variations were specified in the policy. However, the writer attended a referral meeting at the end of the school year in an effort to double-check and up-date her records. At that meeting, it appeared that priorities had been changed somewhat. The diagnostician stated that at that time priority was being placed on evaluating students who might be found eligible for programs where caseloads for the next year were not yet filled. (In order to be eligible for funds as full time programs, the programs had to meet the state's minimum caseload requirement. (See Chapter III, Note 2.) During the school year when data were collected, the time period allotted by the state for determining caseloads on which actual funding was based had been shortened from the first 80 school days to the first 40 school days. The school district had lost a substantial sum of money because not all programs were filled by the deadline, and thus were not approved or funded as full programs. This meant that the final state appropriation for special education was less than projected and the loss in funds had to be covered from other parts of the budget, since the programs continued to operate. In fact, as the year passed and more students were diagnosed, the programs eventually were filled.

3. The Manual read: "Some evaluations or certain portions of evaluations may be conducted at the school depending upon what is needed in the evaluation and the adequacy of the testing facility at the school" (p. 13). The Supplementary Plan of Action To Address Diagnostic Backlog, submitted to the state department on May 28, 1981, was more specific. When a school had a large number of students needing an evaluation (new or re-evaluation), the area office had the option of sending a team of diagnosticians to the school "to make classroom observations, teacher contacts, obtain parent permission to test and case histories" (Correspondence, 5/18/81). Students then could be bussed to the area office for evaluation by a multi-disciplinary team. This procedure was reported as actually used only once or twice and was not observed during data collection.

4. Bilingual cases were assigned to a bilingual diagnostician or the use of interpreter services was secured.

5. Ancillary services were defined by the SEA and included speech and language therapy, occupational therapy, physical therapy, audiological services, interpreter services, orientation and mobility services, and psychological services.

6. Diagnosticians' descriptions of their own evaluation procedures followed those described in The Manual.

7. In two cases, no intervention decision was made, and in three cases, the decision evolved from discussion by support team members. A person with greater authority controlled decisions five times, and the problem supervisor controlled decisions 20 times.

CHAPTER VI

Decisions Were Influenced by an Individual Rather Than a Team

In previous chapters, an historical perspective of political events that helped shape current procedures was presented. Issues discussed in the literature which influenced current special education identification through placement decision making procedures were reviewed. These influences on bias and on decision making, coming both from the political arena and from educational research, resulted in new procedures to insure appropriate education and placement for special education students. As it became apparent that such decisions required a broad spectrum of information, a single decision maker was replaced with a committee or team of decision makers (Yoshida, Fenton, Maxwell, & Kaufman, 1978).

Passage of legislation, both federal and state, requiring team decisions gave momentum to this approach. Two pieces of federal legislation, the Rehabilitation Act of 1973 (Section 504) and the Education of the Handicapped Act (P.L. 94-142), included team decision making components. Because New Mexico had not applied for P.L. 94-142 funding, strict adherence to the regulations of that law was not required, but New Mexico was expected to comply with Section 504. In assuring this compliance, the New Mexico State Regulations for

Special Education required that final placement decisions be made by an Educational Appraisal and Review (EA&R) committee.

Operational procedures established by the local education agency (LEA) were required to comply with state and federal regulations. The procedures developed by District 112 (see Chapter V) required team decision making at three steps in the identification through placement process. Team decisions were required for identification by the support team, referral by the referral team, and placement by the EA&R committee. A team approach was suggested if evaluations required an expert other than the educational diagnostician. Examples included an audiological evaluation, an indepth speech and language assessment, a physical therapy or adaptive physical education evaluation, or a psychological evaluation. In such cases, the final report was compiled by the assigned educational diagnostician who incorporated the information from the ancillary expert(s) (Special Education Policy and Procedures Manual of District 112, hereafter referred to as The Manual). Thus, District 112 required three, or possibly four, different teams in the identification through placement process.

Rationale For Use of Teams

Federal regulations included a team decision making component in an effort to ensure proper special education placement decisions ("Nondiscrimination on basis," 1977). It has been postulated that groups of persons present more viewpoints and thus generate more discussion leading to better decisions (Bradley & Howe, 1980; Maier, 1971). This belief was also maintained by individuals interviewed in this research project.

> It's based on the whole premise that the more people that are involved in something, the more likelihood that nothing will be overlooked and that all of the things that need to be considered will be brought to light. It's more likely to happen when you have a number of people involved than when you have one individual making a decision on the youngster. (Top Administrator 1, Interview, 6/15, p. 5)

> I think many heads are better than one. I'd rather put decisions to the support team where all the teachers and the support personnel are there rather than having myself make the decision for them. (Counselor 1, Interview, 2/1, p. 2)

Teams were required both by state and federal regulations and by local procedures. Persons interviewed for this study expressed the assumption that this led to better decisions.

Group Decision Methods Produce Better Decisions

Mandating the use of teams as a means of assuring better decisions has presumed that groups make better decisions than individuals. Researchers have been attempting to resolve the question of which decision making process, group or individual, has been better for over 50 years (see reviews by Hoffman, 1965; Kelly & Thibaut, 1954). Some of the earlier studies supported the assumption that groups work better than individuals if there has been the possibility of multiple solutions to a problem. In such instances group members, through their interactions, have rejected weak solutions more quickly and generated a greater range of solutions (Shaw, 1932; Thorndike, 1938; Watson, 1928).

As research progressed, support was found for the theory that group decision making was only as good as that of the best member of the group (Tuckman & Lorge, 1962). Maier (1950) proposed that the quality of decisions made by a group could be improved by effective leadership, while Hall and Watson (1970) contended that group decision making could be improved by instructing groups on effective group techniques. These two pieces of research have supported the idea that process factors have been the major determinant of effective group decision making (Hackman & Morris, 1975).

Despite the lack of definitiveness of the research, group decision making has continued to be proposed as a viable tool. Yetton and Bottger (1982) acknowledged that research has not unequivocally supported group decision making, but were unwilling to repudiate the use of group decision making as "an effective managerial activity" (p. 318). Maier (1967) identified four assets of group decision making. These assets were as follows: 1) groups bring together a greater sum total of knowledge and information, 2) groups provide a greater number of approaches to a problem, 3) participation in the problem solving process leads to greater acceptance of the decision by group members, and 4) participation in the problem solving leads to better comprehension of the decision. These factors have contributed to advocacy for group decision making within the field of special education.

Establishing Teams Presumes Group Decisions

Mandating that decisions be made by teams has presumed that teams would use methods of interaction to insure that all members would participate and that outcomes would be a result of discussion of all possible information that could be presented by the parties. This process has served to define decision making methods (Maier, 1950), and was reflected in interviewee statements and process descriptions.

> The value of the support team is that you create a way of looking at children that gives you as many different perspectives as there are people who have been identified to be on that support team. It's based on the whole premise that the more people that are involved in something, the more likelihood that nothing will be overlooked and that all of the things that need to be considered will be brought to light. And that it will happen, it's more likely to happen when you have a number of people involved than when you have one individual making a decision on a youngster. (Top Administrator 1, Interview, 6/15, p. 5)

> . . . and they discuss the students and from that body of the support team they try to offer to that teacher alternatives that she might try. (Top Administrator 2, Interview, 2/19, p. 1)

> I would then take that child up in the support team and identify a number of things that I see about the child and also have the counselors check with the teachers with a progress report to identify the behaviors that the child has had in the class. Then as we talk it over and find out there is just cause, that in classes he is causing a problem and we feel like maybe a behavior disorder class might be a possible alternative, then we ask that there be a behavioral observation in two of the classes. Then we discuss that child again in relation to the findings and bring it up to date as far as any other events that have happened. If it appears from the observations that we have, then we go ahead and refer him, start the referral process for a BD class. (School Administrator 1, Interview, 11/5, p. 1)

Interview statements reflected a belief that decisions were made by groups. (In this paper, interview excerpts depicting dialogue were written using the following: interviewer [I], counselor [C], special education teacher [ST], and teacher [T].)

> . . . I think we all pretty much decide. . . . it's a group decision. . . . Almost always there is consensus by the time the child gets to support team. (Teacher 10, Interview, 3/11, p. 6)

> C: I would say it [decision control] is in the hands of the staff.
> I: Are staffs as groups able to make decisions?
> C: Yes, they are. (Counselor 1, Interview, 2/1, p. 3)

Further evidence that individuals presumed that groups made decisions was found in responses using the words we, they, or the team when describing the process.

The Formation of Teams in District 112

State and federal regulations, individual assumptions, and literature supporting the belief that teams have been an asset to decision making have provided a rationale for the use of teams. Additional rationale has been set forth in the stated purpose and in the evolution process of each District 112 team. Each team was formed at a different period and for a different reason; thus, they have been discussed separately.

Support team. The support team evolved from an effort to coordinate supplemental services designed to address various student problems.

> The original intent was really to bring all the services together. For instance, we had a lot of schools that had Title I services, then you had some other special ed services. You had Indian education services. Part of the purpose was to say these are kids, high risk kids, special needs kids. Who among our consultation of people can best serve this kid? (Top Administrator 2, Interview, 5/20, p. 2)

The support team did not begin as a district wide mandate; rather, the concept was initiated through discussions and brainstorming among central office and school based personnel. Refinement came about as various schools worked toward establishing a support team to fit their needs. The development of one support team at the school level was described by one individual as an evolutionary process.

> We began to see more and more clearly that we had a lot of students who had a lot of problems and that we needed to have a better system for identifying problems that would bring together the collective expertise of everybody in the school who worked with a particular student. If Johnny Smith was having trouble in Mr. Brown's class, for example, let's bring all of the other teachers and let's see if they are having trouble with Johnny Smith. If they were, what were the similarities? What were the differences? In the case of the teacher that didn't have trouble with Johnny Smith, what was that teacher doing that was successful with that particular child? So we started with that. It wasn't a special ed thing at all but we found as we got into it that we were identifying learning problems. We expanded. We didn't even call it support team then. We expanded this group of people to include the counselor, the nurse, the PE teacher. There was always an administrator involved. Very soon the thing worked so well for us that we started having a support team on a regularly scheduled basis. We would let the staff know when those meetings were and what students we wanted to work with and we would invite teachers who were either currently working with the student or who had worked with the student in the past. But the support personnel were always there. (Top Administrator 3, Interview, 4/27, p. 3)

The support team concept spread throughout the district, and was mandated for each school and then incorporated into the district's written procedures. The purpose of the support team was to discuss students who were experiencing difficulties in school and to resolve their problems through some form of intervention (The Manual, p. 10). Some of the perceptions of those involved with the support teams reflected this intended purpose.

> I would think of referring [to the support team] to get together and get some information on this student. (Teacher 1, Interview, 3/11, p. 2)
>
> I would then take that child up in the support team and identify a number of things that I see about the child. I would also have had the counselors check with the teachers via a progress report and identify the behaviors that the child had had in the classroom. Then as we talk it over and find that there is just cause, that in his classes he is causing a problem, and feel like maybe a behavior disorder class might be a possible alternative, then we ask that there be a behavioral observation in two of the classes. Then we [the support team] discuss that child again in relation to the findings and bring it up to date as far as any other events that have happened. (School Administrator 1, Interview, 11/5, p. 2)
>
> OK, the support team just gets everybody together who has that child as a student and we compare more or less how they're doing academically and behavior wise in our classrooms. Usually somebody from special ed will also be in there and we'll talk about what we can do with them and where they should be placed if anywhere. (Teacher 2, Interview, 2/16, p. 2)
>
> What we do is try to identify the problems students may have. . . . What we do, we sit there and we discuss all the things he does in our classroom and we usually bring records and copies of his work. Then through this discussion we kind of determine whether he has a low attention span, maybe he does need special ed, and maybe he doesn't. Maybe he just needs to be motivated in another way. (Teacher 3, Interview, 2/16, p. 2)
>
> Support team is a place where the teachers get together and discuss the student and the problem, whether it's academic, whether it's behavior. Then the teachers at that point work out a plan to see if they can handle the student, if they can handle the

> problem, behavior wise, academically. They will come out with a plan of attack. Then for a few weeks after, they will try to implement this plan and then they will come back to see how it is working. (Counselor 1, Interview, 2/1, p. 2)

> The teacher just makes the general referral if they are having problems with the student. It goes through the support team and they try their methods of intervention. Then it's discussed at referral team and if they feel that more needs to be done, they will make a referral for special education testing. (Teacher 4, Interview, 3/17, p. 2)

These individuals described the support team as a mechanism for discussing student problems and generating solutions. Their comments reflected a belief that solutions are not limited to special education. Other individuals believed that support teams served largely as a mechanism for submitting special education referrals.

> One thing that went awry with the concept is that at the time that it was developed, special ed was only supposed to be one of the alternatives that they considered. But they had so many eligible kids that they just turned in a processing list because for every kid they brought up, special ed was the most viable alternative. (Top Administrator 4, Interview, 5/5, p. 15)

This opinion was shared by other top administrators (see additional quotes in the following section) responsible for developing and standardizing district special education policy and procedures. The belief that special education referral was the focus of support teams helped promote the development of the referral team.

Referral team. The referral team concept was in its first year of implementation during the time of data collection. It had been developed as part of a package of services designed for the long list of students waiting to be diagnosed. It was believed that support teams were referring too many students for testing, that many of the referrals were inappropriate, and that, as a result, diagnostic time was being wasted on students who did not qualify for special education. In order to reduce some of the diagnostic backlog, the referral team was devised as a mechanism for more careful screening and for finalizing referral decisions.

> The referral team was cooked up by a top administrator and the diagnostic coordinators when it all full cycled. [It became time for three year re-evaluations for many students.] The re-evaluations were way behind and the pressure was on to get all the kids tested in a timely fashion. (Top Administrator 4, Interview, 5/5, p. 16)

> . . . now people are saying we need more check points along the way. So suddenly people said let's develop this referral team business because the feeling was that the support teams were just going to refer for special education placement. . . . The referral team was developed really to slow down that process. To take another look, a second look, a third look. (Top Administrator 5, Interview, 5/20, p. 3)

> One of the things that I have been feeling for a long time is that our referral process needed to be streamlined because any kid that was having difficulty in the classroom, in the regular classroom, was ultimately being referred for special education services. . . . As a result we were trying to have the schools really look at kids in a systematic way before we did indeed get a referral for special education testing. Additionally we were hoping that the schools would look at alternatives within their schools before a referral came about. Once that had all been done and the schools were still feeling that there was a need for kids to be served in special education, the referral team would be able to say, yes, we've tried one, two, three, and four. None of it has worked, therefore, we're going to refer the child to special education. That then became the referral team. (Top Administrator 6, Interview, 3/29, p. 1)

> We were not doing anything new on support teams last year. They were pretty much in place. I built in an additional step to stay out of the support team, as claiming it as a special education referral process, and saying we will have a referral team meeting which may or may not be composed of the same people as a support team but let's not confuse the two. You can discuss kids in support team, but what we're talking about is a meeting when you've really gotten your act together on kids you want to refer. (Top Administrator 7, Interview, 12/4, p. 8)

The referral team was set up to screen students identified by the support team and to decide which students met the criteria for a special education evaluation. Information on these students was submitted for a diagnostic evaluation at the area office, followed by the final placement decision.

The EA&R committee. After the diagnostic evaluation, the diagnosticians then wrote a report which, according to The Manual, "should include a statement regarding the student's eligibility" (p. 14). The diagnosticians might state that the child had been found eligible for a certain classification in accordance with the state standards.

> The report includes background information, tests administered, their supplemental assessment, test observations, the test interpretation, and a statement of eligibility which usually refers directly to whatever portion of the regulations coincides with it. If it's LD, section 8.4.2, paragraphs AB&C is the way it's worded. (Middle Administrator 1, Interview, 2/12, p. 6)

Inclusion of a statement supporting a categorical classification could dictate eligibility, according to The Manual: "Eligibility for special education services is contingent upon an identified condition of exceptionality" (p. 16). Nonetheless, the EA&R committee remained "responsible to review all relevant data, determine eligibility and make a recommendation for an educational program" (The Manual, p. 16).

Even though the diagnostician had made a determination of eligibility, the final placement decision was to be made by the EA&R committee. In addition, this committee was responsible for designating the appropriate level of placement.

> The diagnostician makes the determination of eligibility on the information they have, testing and any school information. They see the child for a couple of hours, talk to the parents and talk to the school. When you are at the EA&R committee you have that information plus other information that the diagnostician may not have had. I feel like it's the responsibility of the EA&R committee to look at all of it. If from all the information you cannot see that the child is eligible, we don't place them as a committee. (Middle Administrator 3, Interview, 12/8, p. 7).

> I determine if he is eligible but I don't determine if it's a C or a B or an A or a D level program. That is up to them [the EA&R committee] and it's up to the parents. (Middle Administrator 2, Interview, 11/9, p. 5)

The Identification Through Placement Process in the Schools

Despite these descriptions, decisions were not made as the result of group participation. On both the support and the referral teams, one individual quickly emerged as the person with power. The power behind the EA&R team was more difficult to identify but was found to be wielded by one or two individuals.

The influence of the problem supervisor (person receiving the student's referral for data collection) was most visible at the support team step. This individual influenced the decision of the referral team by presenting and controlling information on the student, even though the diagnostician was delegated technical responsibility for accepting or rejecting a special education evaluation referral. The EA&R team decision was composed of two parts. First, determination of eligibility, a technical decision, was controlled by the diagnostician. Second, the amount of required special education service was shown to be influenced and essentially pre-determined by the information collected and presented by the problem supervisor.

The remainder of this chapter has demonstrated how one or more individuals have made and directed decisions. Determination of the appropriateness of the decisions was not a concern of this research. Rather, the focus was on the identification of factors which influenced the decision making. Each of the three teams (support, referral, and EA&R) has been discussed separately. Case descriptions have been included to illustrate their operation. The cases reviewed are a composite of those observed. A final section of this chapter has analyzed the manner in which these teams reached decisions.

The Support Team

The responsibility of the support team was to discuss and determine alternative interventions that might help a student deal with identified problems. If special education appeared as a possible or probable placement, the support team was to refer the student to the referral team, where the final decision concerning special education evaluation was to be made.

The Manual described the support team as a group of staff members "who meet on a regular basis to discuss students who are experiencing difficulty in school" (p. 10). This group of people "attempts to resolve the problem through some intervention. . . . A record of the efforts and intervention strategies tried at the school is maintained" and included with any referral for special education evaluation. An independent observer reading The Manual could envision a group of people discussing the various dimensions of a student's problem(s) and analyzing possible alternatives which might solve the problem(s). Since this group was charged with keeping a record of "efforts and intervention strategies" tried, the independent observer could further expect that this group of people would meet regularly in order to obtain follow-up details concerning the results of tried interventions, to determine other possible interventions, and to discuss the ramifications of each intervention. In other words, the observer could be tempted to envision a process modeled on clinical teaching methodology.

> That [the decision to refer to special education for testing] is made at the referral team meeting. After the support team has decided what they are going to do and usually some kind of an intervention is made either with a parent or with a teacher trying something, then when it goes to referral team, it is recommended whether or not it should go on for special ed testing or whether in fact what we're doing seems to be sufficient. (Counselor 4, Interview, 3/7, p. 2)

Support team decisions.

> The support team [makes the decision to refer to special education]. It could be any member of the

> support team. If they're verbal enough I'm sure they'll be referred. (Middle Administrator 1, Interview, 1/12, p. 6)

> I think they're weighted usually. I think like any group there's usually somebody that might know a little bit more or might take more control of a situation. . . . I was told that I was to be active in support team. A lot of times, well, you know, you've been at this for twelve years, you begin to see certain signs that you tune in to, that you realize are problems that are very typical of an LD kid or whatever. I know they will look at me sometimes to say OK, does or doesn't. (Special Education Teacher 3, Interview, 12/26, p. 2)

Direct observations supported the belief that support teams were influenced by one individual, as illustrated by the following quotations and case descriptions.

At some schools one individual was assigned to make decisions concerning special education evaluation referrals.

> It's usually up to the special ed people. (Teacher 6, Interview, 2/16, p. 3)

> The teacher refers the student to the office, who refers it on to the special education head teacher. The head teacher then completes the referral forms, gives the WRAT, and refers the student on to the diagnostician. (Special Education Teacher 1, Interview, 2/16, p. 1)

> What we do here is teachers through observations refer the kids to the person who is our content leader. Then she takes it from there. (School Administrator 2, Interview, 11/12, p. 1)

In such instances, the support team was used as a vehicle to share information or to seek further data substantiating a decision previously made.

> She said that the last support team meeting was actually only to inform teachers that the two students

> had hearing problems. (Field notes of telephone conversation, 12/8/81)
>
> The language problem is a biggie but we were looking for something more than a language problem to go on in order for him to be placed. I was asking teachers [at the support team meeting] about things other than just his language problem. Then things like short attention span, short memory span, very restless came out. A lot of different kinds of behaviors started coming out that would suggest that this child did or could have a learning disability. (Special Education Teacher 2, Interview, 1/25, p. 1, discussing a support team meeting held after a request for testing on a student had been received from the guardian)

In other situations, individual role perceptions were such that the individual thought that his/her responsibility was to make a decision and then share this decision with the support team.

> C: What I do is I tell them I am in the process of referring a student and I read to them the WRAT scores. That is it. I just let them know that I am going to refer.
> I: You are the one that makes the decision and says we are going to go ahead and refer this for special education testing?
> C: Yes. Sometimes there is a question when the scores are high but it's probably a BD, a behavioral type disorder. Something's wrong somewhere and I go ahead and process it anyway. (Counselor 5, Interview, 11/5, p. 2)

In an attempt to provide more assurance that decisions were made by the support team and not by one person, one principal mandated that no student could be referred for special education evaluation unless first brought to support team (information obtained from interview). The writer, wishing to ascertain whether this might have changed the locus of power, checked with the counselor to find out if the decision making process had changed.

> I: Do you always use the support team as a check to determine whether or not to refer a student to special education?
> C: Yes, I bring it up and then I tell them the scores are pretty low and I think I should continue. What do you think? And I have the narratives and everything for support for me to back anything that I'm saying.
> I: When I was here before to interview you, you said that you felt that you had pretty much control over who gets referred or not referred. Do you still think that you have that control?
> C: Yes, because I have all my back-up [supporting data]. (Counselor 5, Interview, 3/25, p. 7)

The principal's mandate did create an awareness in the minds of team members that referrals must be discussed first by the support team. At a referral team meeting, one individual did not remember discussing the student being referred for evaluation. She questioned the referral because it had not been discussed at a support team meeting. Other members of the support team assured her that the student had been discussed and a quick perusal of the support team minutes assured her that this was the case. While there was a concerted effort to discuss each referral at the support team meetings, one individual continued to be the decision maker, as evidenced by the counselor's comment about providing back-up for her decision.

There were a few cases in which the role of decision maker was relinquished by the problem supervisor to another individual with greater power or influence. In one case, this individual was the principal, who exercised legal power in the form of supervision. The problem supervisor presented the background information and indicated a lack of knowledge of what to do, and the principal made the decision. This decision was implemented quickly. This contrasted with an earlier meeting where the same problem was presented and a fellow staff member offered a viable suggestion, but no implementation followed (see the case of Sara in the following section). In another case, information on a student who previously had been in a special education program was presented at the support team meeting. The special education head teacher immediately assumed control by taking responsibility for locating the area folder, which contained the evaluation data, and for arranging the EA&R meeting. In this instance, the role of decision maker was transferred from the problem supervisor to the special education head teacher, who exercised power based on expertise.

Sometimes the support team was perceived as a means of confirming a decision, of satisfying criteria outlined by the district as necessary steps in decision making.

> I: So you don't see the support team as necessarily having to come up with a bunch of alternatives or new ideas necessarily?
> C: Not necessarily. But certainly we want to hear that kind of input from them.
> I: In a sense maybe a confirmation that you have done. . .
> C: You have done as much as you can and you are on the right track with what you think should be the next step, the logical next step. . . . I wouldn't want to make it sound as if the support staff is a rubber stamp because it's not that, and it's also not a clearing house. If I took every kid that I had a referral on or a concern brought to me to support staff, that's all we'd be doing, is support staff. So by necessity I only want to bring kids who I've tried a whole lot of stuff with. Chances are slim that there's going to be another input that I need to go back and try again. That may sound

> pompous, but it's really not. It's something that many counselors, many good counselors, experience. If we weren't good at our job and we weren't trying many things that stood a good chance of working, then we would be defective people. (Counselor 2, Interview, 1/18, pp. 2 & 3)

As the person working with the student, trying different interventions, this counselor thought that he was most qualified to make the decision. Only confirmation of his thoroughness was needed from the support team. Opportunity still existed, however, for disagreement or for other suggestions.

> There is a possibility that someone will say, have you tried such and such or have you tried this source or I know someone who did something with a similar kid. That will be of benefit. (Counselor 2, Interview, 1/18, p. 3)

Nonetheless, chances of this occurring seemed rather slim.

> But in fact if you're working with people who are intelligent and you are working with people who are experienced, they've gone through their bag of intervention tricks or techniques. Then usually, and again I have to say usually but not always, of course, usually the kinds of things that they've tried are the kinds of things that other people on the support staff will recommend. It's already been tried and we've already run it through that process. There's a big fantasy about taking the kid to the area office and having him get a psychological consultation. In my experience in doing that, I've found that that person doesn't say a whole lot of different things and [doesn't recommend] a lot of different techniques and strategies that I haven't already recommended to those parents of the kid. You know, maybe you tried but there are instances in which you can brainstorm interventions and you can come up with different sources of input and ideas. And that's helpful. That's valuable. That's rational. Check it out with support staff. That's what support staff is there for. But many times support staff will say, well, yeah, you've done this and this and this and this and it looks like there's only one more thing that's left to do. (Counselor 2, Interview, 1/18, p. 3)

> If it's presented by one person, very few people will fight against it or voice opinions against somebody else's recommendation. (Special Education Teacher 4, Interview, 1/13, p. 4)

Even though individuals stated that support teams did discuss interventions and results, observations showed that such discussion was rarely part of the support team meetings. When interventions were mentioned, details were left out and broad, subjective terminology (e.g., student is having difficulty, that seems to be working, or he/she has serious behavior problems) was used. Test data were used only when referring to a specific obtained score or grade level achievement (e.g., WRAT percentiles or grade equivalents). If the individual presenting the case had a predetermined intervention to offer, no alternatives were sought or discussed. In summary, information necessary for pertinent discussion and careful decision making was neither offered nor solicited. As a result, some meetings became forums for broad repetition of problem statements.

> I think it's interesting but, for example, the last time I went [to support team] . . . we did meet but we had to wait ten minutes before we started and after we explained it, which was what I had explained in referring her, the intervention team decided that it was an administrative problem and there was nothing the teachers could do because it was an attendance problem. So I didn't see why we met really because we didn't do anything. We all just agreed, yes, she doesn't come to school. Yes, she doesn't make up the work. Since that meeting she is coming more regularly but I don't know why that couldn't have happened on the first referral without having all the teachers meet. (Teacher 5, Interview, 3/11, p. 3)

Summation of support team decisions. Support team decisions were directed and influenced by one group member. This resulted, in some cases, from role expectations. In other cases, it emerged from the individual's role perception or interpretation. Individuals maintained decision control by using the support team to confirm or validate preconceived decisions and by initiating and continuing discussions with non-defined terms and lack of attention to detail. In a few instances control was maintained by the individual with the greatest power or authority. It can be concluded that support teams did not operate according to the criteria established in The Manual.

Case descriptions have helped demonstrate the power of one individual in the decision making process. The first two cases have illustrated control through directed action by the problem supervisor. The last case has provided an illustration of problem supervisor control through lack of action.

The reader has been reminded that the appropriateness of decisions was not the focus of this discussion, which was, rather, on how the decisions were made. It was noted that most referrals to the support team were initiated by a classroom teacher. This discussion has not attempted to explore the full influence which a teacher might have had over a decision. Nonetheless, the comments of one teacher have suggested the possibility of teacher influence.

> If a kid tested on the WRAT and we said, well, look, I don't care what the WRAT says, after all the WRAT is a kind of a terrible test anyway . . . . If you really push, the special education head teacher will then go ahead and do something further, whatever further is. (Teacher 7, Interview, 3/9, p. 12)

Many other teachers interviewed, however, saw themselves as having almost no input beyond the initial submission of a referral to the problem supervisor.

> My only input is that I make a suggestion that a child is having a problem and the counselor, it seems, makes the decision, along with the parent, whether there is going to be further testing. (Teacher 8, Interview, 3/2, p. 2)

Even though the teacher had some initial input into the decision process, the person with the greatest decision control was the one responsible for collecting, collating, and screening student data, i.e., the problem supervisor. That individual had the prerogative of screening, determining the urgency of action, and pre-determining interventive action.

Support Team Case Descriptions

The case of Alex. Alex was first presented by a counselor to the support team in early December. At that time, the counselor reported that Alex was experiencing "some difficulties in classes." Since he came from a bilingual home, a bilingual assessment was requested by the counselor and, the counselor reported it was scheduled to be administered in the near future. He noted that he had spoken with the aunt, Alex's guardian, before scheduling this assessment. He explained that the assessment would help determine whether the student's language background was interfering with learning and would provide suggestions as to how teachers might best help Alex. He also noted that no tutoring services were available from the bilingual department at this time. No further discussion concerning Alex occurred at this meeting.

One month later, Alex was again discussed at the support team meeting. After establishing Alex's identity, the counselor stated that Alex was tested by a representative from the bilingual office and indicated that the assessor believed that Alex should be referred to special education for testing.

> He wrote a letter at my request as to why he feels Alex should be screened for special ed concerns, and I've got the letter here. You can look at it. (Excerpt from tape recording of support team meeting, 12/2)

He then proceeded to give the percentile scores from the three WRAT subtests which had been administered the day before and added that the aunt agreed that she also would like to see Alex tested by the special education department. He concluded:

> So he will be presented at the next diagnostician's meeting if it's OK with the people at this staffing. (Excerpt from tape recording of support team meeting, 12/2)

When the counselor finished this brief presentation, the assistant principal shared some information concerning an encounter she had had with Alex in connection with a disciplinary matter. The counselor responded to this information by stating that teachers had not indicated much about behavior concerns, but rather had reported

> that he doesn't try a whole lot, that he doesn't take school very seriously, and that he had trouble understanding, etc., etc. But with WRAT scores like this and some possible learning problems and some possible bilingual problems, I can understand

> why he would be floundering at a school like this. (Excerpt from tape recording of support team meeting, 12/2)

The assistant principal asked a question concerning Alex's previous school and the counselor responded that he had come from an out of state school. The assistant principal then turned to the special education teacher and asked if it was all right with him if the support team went along with the referral. The special education representative responded that that was "fine. If it has been recommended by that guy from the area, I think we should go with it" (excerpt from tape recording of support team meeting). The decision to refer Alex for evaluation by special education was confirmed after approximately five minutes.

Concerns about the absence of concrete information and the lack of questions seeking such information were raised by the events in this case. Missing information critical to any decision concerning action included the results of the bilingual assessment, the types of answers given on the WRAT, the teacher evaluations, and any testing information in the cumulative folder. Each of these, with the exception of the cumulative folder, was mentioned but no details were shared or sought. In addition, no reference was made to what teachers might be able to do with Alex in the regular classroom, as was suggested in the first presentation of this student. Rather, team members gave their consent to the problem supervisor's decision to refer Alex for special education evaluation.

In this case, the counselor was the problem supervisor. It was his responsibility to collect all the data to be presented to the support team. It was also his responsibility to present this information to the support team. In presenting the case, the counselor did not seek discussion concerning what should be done with Alex. Rather, he sought approval for his decision. Alex indeed may have required testing for special education, and indeed may have been an appropriate referral. However, the decision to refer was not a team decision; rather, there was team concurrence with an individual's decison.

The case of Johnny.[1] All of the teachers who worked with Johnny were members of the support team. After some confusion over which student was scheduled to be discussed, the meeting formally started at 8:05 a.m. The discussion began with each teacher sharing his/her perception of Johnny and how he performed in the classroom.

The presentations began with the person to the right of the counselor and continued around the table. After the second teacher had finished, the special education representative broke in (out of turn). She reported that she was representing the special education head teacher, who was sick but had passed the information on to her by telephone. She said that Johnny was currently in the speech and language program, that he had some extreme behavior problems, and that he would be placed in an appropriate special education class. She added that since the process to place Johnny in special education for behavior reasons would take at least two weeks, teachers needed to discuss what they could do in the classroom in the meantime. When she finished, the discussion was picked up by the person next in line and the other persons proceeded to take turns as though the interruption never had occurred.

Each person described his/her perception of Johnny's classroom performance. One teacher showed a map which Johnny had meticulously drawn and the speech pathologist shared test scores from the WRAT. Other comments included descriptions of out of seat behavior and lack of work production. When each person had taken a turn speaking, the counselor summarized the meeting by stating that Johnny would undoubtedly be receiving some special education service. In the meantime, she suggested, perhaps the teachers could continue to work on providing activities such as drawing which Johnny seemed to enjoy. She noted that math would be his most difficult area since Johnny was likely to continue in a regular math class after he was placed in special education. (This was especially surprising to the writer since one teacher had presented WRAT data indicating math to be Johnny's lowest achievement area.)

The assistant principal, who had been in and out of the meeting, spoke at this point. He asked what level of placement was being considered and was told that Johnny was being considered for placement in the resource room. He then suggested that perhaps math was the area in which Johnny should receive special help, and that he should continue in science and home economics since these classes were activity-centered. The math teacher added her support to this recommendation by emphasizing that Johnny was currently in her remedial math class, the largest of her classes. She went on to add that there was a need to look at the scheduling for that class, since it contained students performing at a basic level, students with English as a second language, and special education students. The assistant principal replied that that was not a concern of the moment and added a comment which was lost in the ringing of the bell and the movement of chairs as teachers began leaving. As the teachers left, the counselor said that they would see what would happen in the next couple of weeks. It was 8:23 a.m., and everyone but the counselor and the speech pathologist was off to assigned duties.

In this case, the decision to refer to special education for testing was made by the special education head teacher. Other than the mention that Johnny had extreme behavior problems, no data were presented with this statement. Rather, teachers were informed that Johnny would be placed in special education after he could be evaluated. Not only was Johnny to receive special education testing, but, according to the presented information, he was to receive special education services. The decision in this case resulted from the role expectation for the special education head teacher.

> What we do here is teachers, through observation, refer the kids to our lead person, our content leader [the special education head teacher]. She takes it from there. The first thing she does is give them a few tests, whatever they have to give, and then if the students fit the category, we proceed by getting all the information, nursing information, and all the other forms that have to be filled out. When the forms are filled out, we send them to the area office. (School Administrator 2, Interview, 11/12, p. 1)

> If a teacher recognizes a child is obviously low functioning, if a child gets distracted easily or can't sit still, if he/she has hyperactive or hypoactive behavior or emotional problems, the teacher refers the student to the office who refers it on to the special education head teacher. He then completes the referral form, gives the WRAT, and refers the student on to the diagnostician. (Special Education Teacher 1, Interview, 2/6, p. 1)

In addition to the referral decision, the placement decision was also predetermined. When the assistant principal asked about placement level, the response was immediate and definite. This response was never questioned or discussed. In fact, the only part of the decision that was discussed in any way concerned the area in which Johnny needed help. The counselor stated that he would not be receiving help in math, but the assistant principal reversed this by stating that he probably would need assistance in math.

With regard to the concern as to what could be done while waiting for the evaluation data, no problem solving occurred. The counselor offered one suggestion, concentrating on activities involving drawing, which never was discussed in specific terms. The math teacher's concern regarding possible inappropriate scheduling was put off with the assistant principal's remark that that was not the concern of the moment. When the bell rang, teachers dispersed immediately.

The case of Sara. The two previous case descriptions have illustrated an individual's influence on decision making by making or directing the decision outcome. In each case, an individual caused some action to occur as a result of his/her direction. Individuals also have influenced decisions by taking no action. Such was the case with Sara.

Minutes from support staff meetings showed that Sara was mentioned at support team meetings four times before any action was taken. The first record was from early in September, indicating that Sara's name was listed as that of a student for whom no transfer records had been received yet. Sara had moved from out of state and had enrolled in this school district for the first time in the fall. The next mention of Sara occurred in late October. This meeting also was observed by the writer.

At the meeting in October, the counselor (C) reported that she was still waiting for Sara's records to arrive. The special education teacher (ST) suggested that she submit a new referral on Sara.

> C: The next one is mine, Sara. Sara's records have not come in from Texas and supposedly she was in special ed in the fifth grade. I did send another form for release of records to her mother and it has never come back. I've sent two and they just don't come back. So I don't know what to do with her.
> ST: Just re-refer her.
> C: OK. I've called home and I don't get an answer.
> ST: We've got the meeting [referral meeting] on Monday so let's do it.
> C: OK. (Excerpt from tape recording of support team meeting, 10/28)

Sara was not mentioned again until the middle of January. The counselor reported to the team that records still had not arrived from Texas. She went on to state that although Sara tried hard in her classes, she was experiencing great difficulties. She was behind in her work production, and she displayed a short attention span. The principal asked if another letter had been sent to the school requesting the records, and the counselor indicated that such a letter had been sent. He then asked if anyone had called. The counselor responded that "they" had not called, whereupon the principal suggested that "they" might want to call. ("They" was never defined.) The counselor said that she would place a call to the previous school. She then mentioned that the reading specialist was really concerned and asked her if she wanted to talk about Sara. The reading specialist noted that she had Sara in her remedial reading class. Sara stood out among that group of students as having real problems, and she had asked about her because she remembered someone mentioning something about Sara being in special education before. The principal asked if anyone had spoken with the mother. The counselor responded that the mother just did not seem to understand what was going on.

At this point, the speech pathologist suggested that this was the type of student who might be a good candidate for her to screen. The principal asked if she would like to do that, and she said that she would. There was some concern for Sara's health, that she seemed to be "sickly." The nurse responded that she had visited the health room a lot at the beginning of the year, but that the visits had been reduced. She said that she thought the earlier visits may have been due to a social need more than to health problems, for she thought that Sara did not have many friends. The principal raised a question about the possibility of free lunch and asked the counselor to check into the matter. The counselor also indicated that Sara was a student who had a lot of peer problems. When the speech pathologist asked for clarification, the counselor noted that she was the type of girl who attracted negative attention from other students ("a squirrely appearance" and "like Little Orphan Annie" were two phrases which had been used to describe Sara). The speech pathologist asked the reading teacher if she was still concerned about her health. The reading teacher noted that her major concern was that Sara be placed in special education. The counselor noted that Sara was "really spacey looking" a lot of the time. To conclude the discussion of Sara at this meeting, the principal directed the counselor to call the previous school and bring a report back to the support team when she received a response.

A report on Sara was brought to the next support team meeting one week later. The writer did not observe that meeting, but the minutes from the meeting indicated that the records had arrived from Texas. The records did indicate that Sara had been in special education, but since the enclosed testing information was not current, the counselor would submit a referral on Sara at the February referral meeting.

In May, the writer attended the last referral meeting of the year in an effort to follow up on some data collected earlier. At this meeting, the diagnostician reported to the staff members that Sara's evaluation was complete and that Sara could have been in a special education program all year. She noted that Sara had had a complete evaluation the previous year. The writer asked the diagnostician about this case at the end of the meeting. The diagnostician reported that after receiving the referral she had personally called the counselor from the previous school. That counselor had read the latest test scores to her over the phone. Copies of the tests were received by mail at a later date.

This case has demonstrated a situation where action could have been taken early in the year. The person responsible for collecting background data chose to wait rather than actively to seek the necessary records or to submit a new referral. The counselor's decision to wait for records resulted in a year's delay for Sara. While this case has differed from the cases previously reported, it has provided another illustration of one individual's affecting decisions about students in schools.

The Referral Team

The support team was only one of the three teams that were incorporated into District 112's procedures for identifying and placing special education students. The second team in the process was the referral team. According to the written procedures, the referral team was to determine whether a student should be referred for special education evaluation. The Manual described the referral team meeting as the place where the referral decision was to be made. A team member was to be assigned to collect all data required for a referral packet (see Appendix B). This packet was to be picked up by the diagnostician or the coordinator at a later date (The Manual, pp. 10 & 11).[2]

Referral team decisions. Referral team decisions were observed only as extensions of support team decisions; as such they continued to be controlled by the problem supervisor. In one case, the referral team was simply responsible for reviewing that month's support team cases. The individual who served as problem supervisor summarized each case and stated the support team decision. Discussion of cases was minimal and lasted from two to 10 minutes each, with an average of five minutes. Additional suggestions were not solicited and support team decisions went unchallenged.[3] Nine out of 17 cases were presented as recommended by the support team for special education evaluation. Not one of the nine was contested. Referral team outcomes were confirmations of original decisions directed by the problem supervisor.

Other referral team meetings served as a time for the problem supervisor to give the packet of information to the diagnostician or coordinator. The problem supervisor was responsible for preparing and presenting the referral packets, and, thus, continued to control the decision. In such cases, the decision to submit a special education evaluation referral was pre-determined, as evidenced by the prepared packet. The diagnostician retained the technical authority to reject a referral if information was missing or did not support the stated reason for referral.[4]

> See, I go ahead and I'll do the write-up and the whole thing on the kid. Then I go over the referral with her [the coordinator]. The decision is made at that meeting as to whether or not the referral is accepted or rejected. (Special Education Teacher 2, Interview, 1/25, p. 3)

The problem supervisor maintained control by preparing the packet to meet technical specifications outlined by district procedures.

Two case descriptions have provided further substantiation of problem supervisor control. These cases have included a description of the support team and referral team meetings, so that the reader could see the continuity between the two.

Referral Team Case Descriptions

The case of Patty: Support team. Patty was one of the first on the list to be discussed by the support team during the school year. An illness had caused Patty to miss a large portion of the first semester, so it was January before anything was done. On January 7, the support team convened to discuss possible interventions that might be tried. The counselor in this area was the person responsible for gathering information and coordinating the case. She formally started the meeting at 7:52 a.m. by reminding teachers that Patty had been behind in her classwork before becoming ill. After these brief remarks, she turned the meeting over to the reading specialist, who reported to the group that Patty had agreed that it might be best if she repeat the seventh grade next year. She noted that Patty had discussed the possibility with her grandmother (with whom she lived) and that Patty had told her that she had friends in the sixth grade.

She noted that the stigma might not be as great since Patty could say that she had to repeat the grade because of illness.

When the reading specialist finished, the counselor responded:

> . . . that isn't a decision for right now. She's in the seventh grade and we can't put her back in the sixth. Right now I think we need to decide whether or not we want to do any further testing and my thought is that we ought to refer her to referral team [where final referral decisions were supposed to be made]. Because even if we put her back next year, I think it would be good to have a complete battery of tests on her to see where she is. To look at that, to see if some sort of smaller class, some special ed would help. (Excerpt from tape recording of support team meeting, 1/7)

The reading specialist added that the testing information also would provide further support for the decision to retain Patty if she or her grandmother should change their minds.

The special education representative then asked about any emotional problems. The counselor responded by reviewing the family situation. A teacher asked about Patty's age and elaborated on his disagreement with the idea of retention. This was followed by some discussion of Patty's classroom performance. Math was mentioned as being definitely a low area, and the math teacher evinced concern regarding Patty's attitude. Another teacher also thought that Patty could do the work but just did not seem to try. The counselor stated that even if they had been able to send work home, she doubted that Patty would have understood much of it by herself. Another teacher mentioned that even before she was sick Patty had not done much class work. The counselor stated that at this point she did not know what else to do but leave Patty in her classes to try to pick up as much as she could. There was a brief discussion about Patty tiring easily because of her illness, but they were unable to shorten her day because of lack of transportation. However, she did work as an aide during the last period, which allowed her to rest during that time.

The individual who served as chairperson for the support team meetings (note keeper and organizer) asked if anyone had had any success with Patty. Two teachers shared the information that Patty had been successful in their classes. One teacher did not know why, since Patty did not do any work but still passed the tests, while the second teacher thought that her success might be due to the fact that she had Patty work with another student. The counselor noted that obviously there was some comprehension, and asked if the group was interested in referring Patty to the referral team for special education testing. The tape recording of the meeting revealed that there were two persons who agreed verbally by saying "yes," and notes from the meeting revealed that there was some nodding of heads.

The special education representative added her verbal agreement to the decision to refer for testing, noting that there were some possible emotional problems. This was followed by a discussion between the counselor and the special education representative as how best to verify such problems. It was felt that the rating scale would not provide the verification. The special education representative suggested that they use teacher narratives. The support team chairperson then summed up the meeting by stating that they would be taking this case to the referral team meeting as a recommended special education testing referral and that, in the meantime, teachers might want to try pairing Patty with another student in their classes if they had someone with whom Patty could work.

The last few minutes of discussion turned again to Patty's performance in the classroom. The counselor said that she would administer the Key Math test to verify the math problems. The math teacher said she knew that there was a math problem since Patty could not subtract, multiply, or divide. Reading scores from tests administered earlier were shared, along with descriptions of reading performance in the classroom. Apprehension with regard to retention was again expressed by the same individual who had stated his disagreement with the idea earlier. The counselor noted that they were not thinking of retention right now, but that perhaps the testing might indicate that they would have to put Patty back a grade next year. She added that the information from the testing would help to show where and how to modify Patty's educational program. As the meeting broke up, the counselor reminded everyone not to give Patty any nine week grades since she had missed so much school. The meeting ended at 8:06 a.m., 14 minutes after it formally began.

This meeting was convened to determine possible interventions that might help Patty cope with school. The intervention the counselor suggested was accepted after a brief subjective discussion of Patty's performance, strengths, and weaknesses. In fact, testing information available from the school was not a part of the brief discussion leading to a decision. This information was not shared with the group until after the decision had been made. The counselor, in this case, was the person charged with collecting and updating the data required for making decisions. Yet she chose not to share or summarize the information she had, and no one asked for the information. She suggested and supported the referral for special education evaluation and directed the group to this decision. First, she presented it as the decision she felt needed to be made. Then she did not solicit suggestions or possible interventions from other team members. When one member suggested retention, she rejected the suggestion by stating that it was not a viable solution right then. Second, she stated that she knew of no other intervention options for the present, which discouraged rather than encouraged input. Finally, she asked for closure regarding further testing. One other individual suggested teaming Patty with another student. This suggestion might not even have been heard, since the counselor did not reinforce it, and it was not mentioned further either in the minutes of the meeting or at the referral team meeting at the end of the month.

The case of Patty: Referral team. Three weeks later, the counselor again made her presentation regarding Patty at the referral team meeting. She opened the presentation by stating that the support team had recommended that Patty be referred for testing. As she proceeded with her overview, the only specific data she shared were the results of a Key Math test. She closed her remarks by stating that she would like to refer Patty for testing.

When the counselor had completed her presentation, three teachers noted that Patty seemed to be able to do her work orally but was unable to complete written assignments. Another teacher stated that Patty seemed to have a hard time trying to solve problems, while a fifth teacher simply indicated that Patty was not getting her work done. The counselor's response to these observations was that she would like Patty referred for testing. The principal asked if the support team had discussed the possibility of using an oral emphasis in the classroom with Patty. The counselor responded that this had not been discussed, since they had not had the results of the Key Math test at the time. The principal then suggested that the support team meet again to discuss what they might do "until the testing results would be available."

During the entire meeting, the only time that referral to special education for testing was suggested was when the counselor indicated that this was the recommendation of the support team and that she would like to see it happen. Agreement or disagreement with that suggestion was never elicited. The diagnostician present at the meeting was not consulted regarding her opinion or suggestions. The only indication that the decision to refer was final was the principal's comment that the teachers should discuss what they could do until the testing was complete. The discussion took approximately seven minutes.

The direction for the decision outcome again was provided by the counselor. While new information was now available regarding Patty's learning style, this information was not used to plan an intervention strategy to be tried in the regular classroom. Rather, it was presented as a suggested methodology for teachers to use while they waited for test results.

Two additional pieces of information surfaced in this case. First, the counselor never formally shared information concerning the source of the referral. At the referral meeting the principal noted that Patty had been referred to the school for possible special education services by her summer school teacher. Despite perfect attendance and evidence of effort, Patty had failed summer school. Second, in a later interview the counselor informed the writer that the teachers had never met to discuss the possibility of using oral strategies in class. She stated that the teachers had felt that they had sufficient information from the referral meeting to do something on their own and therefore did not need to meet again.

The case of Lance: Support team. Thus far, case descriptions have illustrated how the person responsible for collecting information on a student has influenced the decision. In some instances, the information gatherer sought input from the group and another individual became the decision maker. The case of Lance has provided an example of the latter situation.

Lance was presented to the support team during the first week of December. The counselor opened the discussion by reviewing the background of the case. He mentioned that Lance, a seventh grader whose achievement test scores were at the eighth grade level and whose chronological age was that of a ninth grader, was referred for behavior problems. He had been sent to the assistant principal for fighting and classroom infractions which involved conflict with both teachers and students. The counselor reported that he and the assistant principal had spoken with the father and had then become aware of Lance's age (15). The father also had informed them that Lance was thinking of dropping out of school. The counselor added that the father was willing to support any changes suggested by the school. In addition to the regular school personnel, the counselor from the high school had been invited to attend this meeting as the result of a discussion among the assistant principal, the counselor, and the father about the possibility of moving Lance to high school.

The counselor opened the meeting for teacher discussion. (The assistant principal had been in attendance, but was called out of the meeting.) The teachers agreed that Lance was doing well academically, but indicated that their concern was getting Lance to attend to the social requirements of school life. They noted that since the father had been called in there had been a noticeable improvement. Further discussion focused on inappropriate behavior. One teacher suggested that perhaps they should tell Lance that if he did well for the remainder of the semester (four weeks), he would be able to go to high school. The counselor noted that the principal wanted the team to come up with something that they could do for Lance during the next four weeks.

One teacher suggested that if they could obtain permission to move Lance to high school, they discuss this option with the father and Lance. Another teacher noted that if the move were to be successful, Lance must want to make a commitment to this intervention. There was agreement that such a commitment might be obtained if the teachers set up a teacher, parent, and student conference.

The case of Lance: Referral team number one. The counselor continued to serve as the leader in this case and reported its progress at the referral team meeting in mid-December.

> Lance is in the seventh grade, 15 years old, and we are trying to find a proper placement for him. The teachers thought it might be a good idea that he be moved into either the eighth grade or even the ninth grade, but they wanted to know the feelings of Lance and his parents as to where they felt it would be best for him to go. In the meantime, Lance had some difficulty with another student and got suspended and the parents were brought in. At that time the assistant principal made a decision to put him on a four-period day where he would be taking his basics, language, literature, history, and math. We asked the parents how they felt about the possibility of either moving him up into the eighth grade or into the ninth grade at the semester. . . . It seemed they liked the idea that he might be able to have the opportunity to have more vocational type classes at high school. But the assistant principal says let's hold off and see how he does with this new schedule until after the vacation period and then we'll have a meeting to make a decision as to what we should do with him for the semester. (Excerpt from tape recording of referral meeting, 12/17)

The support team chairperson summarized by stating that they would put Lance on the agenda for the next referral team meeting, which would be held at the end of January. This was followed by teachers sharing their evaluations of Lance's improved performance since the move to a four-period day. The counselor also stated that he wanted to commend the assistant principal for his efforts in this case. He noted that Lance's family had moved out of the school's boundary area; however, since much effort had been put into working with Lance, the assistant principal had felt it best for Lance to continue at this school. He had made arrangements for this to occur.

The case of Lance: Referral team number two. The final discussion regarding Lance took place on January 28. Again, the counselor reported on the progress in Lance's case.

> With Lance, what we were going to do was at the semester either move him on to high school because he was fifteen years old and in the eighth grade so he could be ready to go to high school next year. In the meantime, Lance got into some problems at school and the assistant principal put him on a short schedule. He had four periods, language, literature, math, and social studies. He was doing real well. So the assistant principal thought that if we changed anything, if we put him in high school, we would lose him. So what we decided to do was that we would give him eighth grade U.S. history and eighth grade math, see how he did in those, and we would keep him in language and literature where he was improving tremendously. We talked it over with the father, we talked it over with Lance, and they all agreed that the best thing to do was to keep Lance here until the end of this year. Then next year it will be easier for him to go on to high school since he would know some students from here, have some friends, and be able to move on with them. So that's

> the case with Lance. All the teachers have come back and told me that Lance has done a complete turn-about. (Excerpt from tape recording of referral meeting, 1/28)

When the counselor had finished, two teachers spoke, verifying that, indeed, Lance had improved greatly. One teacher, who had received Lance in his class after the schedule change, noted that if he had not heard about Lance from others, he never would have suspected that Lance was a problem. The teacher who originally had referred Lance stated that he had done a "complete turn around." The principal commended the assistant principal for doing such a good job with Lance.

> The support we have had from dad—the assistant principal has done just an unbelievable job in working with that man. The dad came in and wanted to hit [the assistant principal] in the nose one day and now they are best friends. I think a whole lot of credit goes to him. He has spent lots and lots of time with that man. (Excerpt from tape recording of referral meeting, 1/28)

In this case, the counselor maintained his role as gatekeeper of information by continuing to report to the team. However, the person responsible for the intervention decisions that were made was the assistant principal. The one intervention that the teachers had recommended was never implemented--the teacher, parent, and student conference. Because of circumstances which led to the assistant principal's direct involvement in the case, this individual became the decision maker and decision implementer. While the counselor reported that "we" decided, the evidence points to the fact that the decisions were the work of the assistant principal. As the referring teacher put it:

> . . . what [the assistant principal] did I think helped more than the support team. We put him in a four hour period day. But I don't really feel that was the result of the support team. . . . [The assistant principal] got in contact with the father and began working with the boy and the father. The boy has changed. But I don't feel it was the support team that did anything. (Teacher 3, Interview, 3/11/82, p. 3)

The EA&R Committee

Decisions concerning placement were the responsibility of the EA&R committee. The writer was interested in observing EA&R meetings for students who were being placed in special education for the first time. One factor which made this difficult was the length of time required for the evaluation step. Evaluations, from the time of referral to completion, often took as long as three or four months. This was further complicated at one school where new referrals were delayed by an area backlog of referrals and re-evaluations from the previous year. This meant that new referrals from this school were not scheduled until late December or early January, half way through the school year.

Another problem was that no one remembered to call the writer when an EA&R meeting was scheduled. Those that were attended were discovered by persistent questioning and sometimes almost by happenstance. The writer was unable to observe all EA&R meetings for students referred for special education evaluation during the period of data collection. Nevertheless, the meetings that were observed, along with the information obtained in interviews, provided a picture of what occurred during the EA&R committee meeting.

EA&R committee decisions. Placement decisions actually involved two components. The first step was a technical one, involving determination of eligibility according to state regulations. In order to be eligible for special education, a student must have been shown to fit the criteria outlined in the state standards for one of the categories of exceptionality. Diagnosticians were technically responsible for making an eligibility recommendation.

> That's it, just eligibility. I determine if he is eligible but I don't determine if it's a C or a B or an A or a D level program. The diagnostician determines eligibility according to the state regulations. There is a phrase that we made up a while back that says, however, final determination is made by the EA&R committee. (Middle Administrator 6, Interview, 2/25, p. 7)

Even though the diagnostician's eligibility statement was considered a recommendation, it was accepted in reality as the most appropriate decision.

> That differs a little bit from the federal guidelines because the federal guidelines talk about, as in P.L. 94-142, the multi-disciplinary report where a number of professionals concur on whether or not a student has a handicapping condition. Here I see it as a job the diagnosticians handle pretty much by themselves. (Middle Administrator 4, Interview, 3/4, p. 9)

> They are determined to be LD by the diagnostician as we are getting it. At any of the EA&Rs that I sit in on, the coordinator reads the contact report from the diagnostician and it says this child qualifies as an LD student and therefore the job of the EA&R committee is to find out what is the least restricted environment that this child needs, not do they qualify or not. (Special Education Teacher 6, Interview, 11/2, p. 4)

Because the diagnostician was perceived to be the technical expert on test interpretation and state regulations, reversal of the diagnostician's recommendation was difficult. Once a diagnostician had stated that a student was eligible for special education services, the justification was established for placing the student in a special education program. The EA&R committee was required by law to determine an appropriate placement level.

> I am extremely distressed when I see, and I know the diagnosticians have to do this, contact report after contact report after contact report which says this test was administered and this test was administered and these are the skill levels. We see some memory problems. We see some visual motor problems, etc., etc., etc. According to the state standards, this student does qualify for special education under the basis of LD. However, determination should be made by the EA&R committee. Right. Now it leaves an EA&R committee sitting there with low skill levels, possible discrimination this or that and no real hook to put your hat on. We're not the authorities that decide. When a kid comes across and it says they qualify for special education, the law says you have to serve them. (Special Education Teacher 6, Interview, 11/2, p. 4)

The second step in the placement decision was determination of placement level. It was more difficult to determine who actually made the decision, or exactly when it was made. It was apparent, however, that decisions were made prior to the meeting. As a rule of thumb, the receiving special education teacher was asked to attend the EA&R meeting. This, logically, indicated that a decision had been made. It was explained that prior to the EA&R meeting there had been a "best guess" as to which level of placement would be most appropriate.

> No, there is a best guess that's given to us by the diagnostician and many times I've seen the teacher who showed up for the EA&R say, well, this certainly doesn't look like a B level student to me. This kid looks like a C level. Or the C level person will say it doesn't look like you need C level service, he's a B level. We may be off by one level, but usually it's within that kind of range. (Counselor 2, Interview, 1/18, p. 9)

Others admitted that if a student was found to be eligible, the level of placement was probably predetermined.

> I: I thought EA&R meetings were designed to determine placement decisions.
> ST: That's correct.
> I: But yet you are saying that if the student is coming to your class, you are going to be at the EA&R. So the decision to place the student is actually made somewhere before the EA&R?
> ST: I think that what you are saying is probably very true. Maybe I should say that if there is a possibility that we would be picking up a student. But if a student is declared eligible, in most cases it probably is predetermined where he is going to go. (Special Education Teacher 4, Interview, 1/13, pp. 7 & 8)

To one individual the EA&R meetings were little more than a means for completing necessary paper work on decisions made prior to the meeting.

> ST: If the EA&R were an extension of a case conference, I think it would be valuable. But I think that the EA&R is mostly bookkeeping work and they're kept to a minimum of time. The explanations are fairly short, you know.
> I: Can decisions be made in those kinds of circumstances?
> ST: It seems to me that the EA&R is supposed to be a decision making meeting but I think mostly the decisions have been made prior to the EA&R. The EA&R is used to get people together to get their signature and to state exactly what's going to happen so everyone knows. But everyone knows beforehand. (Special Education Teacher 5, Interview, 3/10, p. 8)

In every EA&R meeting that was observed by the writer, the placement level was announced without discussion, with one exception. This exception involved a student who, according to the diagnostic evaluation report, could qualify as mild behavior disordered. The program coordinator was uncertain as to the value of a placement in special education. On the other hand, the counselor felt very strongly that the student needed a resource room placement. Discussion focused on what the resource room could provide for the student that was not provided by the regular program. The counselor had collected updated teacher reports and grades from the latest reporting period, which he shared with committee members. The mother was asked for her opinion on placing her son in a special education program. The final outcome was that the student was placed in the resource room for help with study skills to determine if a support system such as this one would help him cope more effectively with the total school program. In arriving at this decision, a process of discussion and negotiation was used.

The above case was the exception to the rule. In all other observed EA&R meetings, the level of placement was specified by either the program coordinator or the special education head teacher in an explanation to the parent, or was stated for the information of those present. Once the placement level was announced, the program coordinator completed the required paperwork.

While observation indicated that placement decisions were predetermined, it was more difficult to determine exactly when the decision was made or who made it. Some interviewees thought it evolved from the support team decision.

> I think the decisions are fairly well made by the support team filtered through the special education department head to the coordinator. The coordinator has a strong hold on the decisions. (Special Education Teacher 5, Interview, 3/10, p. 8)

> The kids have gone through support team. There is always so much discussion on them already and what they are doing and where they are at and enough parent involvement that by the time the team comes together, maybe nobody says, hey, look, this is what it's going to be. It is further discussed where it has left off but I would say a lot of that has already been done [by the time of the EA&R meeting]. You know, in the nature of the beast. (Special Education Teacher 3, Interview, 12/26, p. 4)

Others felt that one or two people attending the EA&R meeting made the placement decision.

> I didn't see it as a total group. Most of the time two people make the decision. When the child is referred, we are required to have x number of signatures. A lot of times parents don't show. The principal may not know the child. There may only be one or two people who really know the child. (Special Education Teacher 1, Interview, 2/16, p. 3)

> I: Who made the decision as far as placement was concerned?
> C: The coordinator and special education. (Counselor 5, Interview, 3/25, p. 5)

Regular teachers presumed that persons in special education made the decisions concerning placement. They did not see themselves as contributing to those decisions.

> It seems that what special education looks at and what counselors look at are just cold hard facts when they give a test. They don't look at the

> individual and so therefore maybe regular teachers should be involved in that decision making process because we can provide information that a piece of paper cannot. Yeah, I think it would be helpful. (Teacher 8, Interview, 3/2, p. 4)

> T: I've been called in three or four times just because, I think, because I said I wanted to be. I have a feeling that it doesn't make much difference. They are pretty much decided what they are going to do.
> I: Who makes that decision?
> T: Well, it seems like the head person who is in charge of things here, the head of special ed and the special ed teachers.
> I: Do you think input from more teachers or more teacher involvement in EA&R meetings is necessary?
> T: No. I think at that point either the child tests for it or he doesn't or she doesn't. It seems like it's pretty well in the bag by the time that takes place. That's the feeling I have. (Teacher 10, Interview, 3/11, pp. 5 & 6)

One individual thought the principal played a major role in placement decisions.

> I think the final decision must rest with the principal at this school because I've understood that we have had several students who were cleared, who were tested to be put in a certain level, and the principal has refused to do it. (Teacher 11, Interview, 2/16, p. 3)

Still others felt that the placement decision resulted from the diagnostician's recommendation.

> When the diagnostician does the WISC or the Leiter, they generally write what they feel, A, B, C, or D level. He has a whole write-up on the reasons, the academic progress of the student. (Special Education Teacher 7, Interview, 3/26, p. 3)

> I: He was referred for special program, preferably C level. Who made that decision?
> ST: The diagnostician, simply because this kid made straight Fs academically ever since the beginning of the year.

> I: He's been referred. He's been tested. The diagnostician said yes, he's eligible and I would recommend C level.
> ST: Yes, because of the fact that he just cannot function academically in any of his classes. What happens is this student has really turned into a behavior problem in all these classes because he just cannot function. (Special Education Teacher 2, Interview, 1/25, p. 8)

As evidenced by the interview data, individual perceptions of who was responsible for the placement decision varied. Some thought that principals and special education program coordinators were largely responsible for this decision. School principals, however, were noticeably absent from most EA&R meetings.[5] Observations indicated that program coordinators relied on school personnel (special education teachers and counselors) for the final placement decision, and primarily served a technical role (i.e., made certain that all decisions took into account the legal requirements). Observations did support the belief that counselors and special education head teachers were involved in the placement decision.

Counselors and special education teachers almost always served as problem supervisors responsible for the collection and interpretation of student data.[6] These individuals served as spokespersons who interpreted the severity of the student's problem to other committee members. The picture drawn by the problem supervisor dictated the intensity of special education service. This picture first evolved at the support team meeting, and was reinforced at the referral team and EA&R committee meetings. Any further information obtained between the time of the first support team meeting and that of the EA&R meeting helped influence the problem supervisor's choice of placement level. In cases in which the problem supervisor was an individual other than the special education head teacher, he/she usually relied on the expertise of the special education person to help determine the program level. In some cases, the problem supervisor might even relinquish this role to the special education head teacher after the referral team meeting. Nevertheless, the decision was based on the information filtered and presented by the original problem supervisor.

The picture that evolved was one in which a group of people, the EA&R committee, had gotten together for the purpose of making a final determination with regard to two issues. The decision on the first issue, that of eligibility, was justified by the diagnostician's statement in the written report. Based on the statement that a student had been diagnosed as eligible for program placement according to state requirements, the committee had been obligated to determine a placement level. The placement level was predetermined by the problem supervisor's presentation of the student data at the support team meeting and by any additional data collected between meetings. The EA&R committee then formalized these decisions and made them legal.

EA&R meetings summarized. If all the observed EA&R meetings were combined to form one typical picture, the EA&R meeting could be described as having proceeded as follows. The special education program coordinator, the special education head teacher, the parent, and at least one other staff member were present. The program coordinator chaired the meeting and might have opened by stating that the diagnostician had found the student to be eligible for special education placement and that the members present were to determine the placement level. The program coordinator then turned to the parents and asked if the diagnostician had reviewed the testing with them and if they had any further questions. The program coordinator leafed through the testing, and might even have gone over some of the scores. The diagnostician's written report, read for the first time by the program coordinator at the start of the meeting, was handed to the special education head teacher or the receiving special education teacher for perusal. There probably was some discussion between the parents and the teachers (or the counselor, if present) concerning some recent student behaviors or academic performance in school. The program coordinator might have asked the special education head teacher what placement level was being considered, or stated the placement level. The program level was explained briefly to the parent, and, if the receiving teacher was present, he/she described the specific program organization briefly. The program coordinator completed the EA&R form, explained it to the parents, and obtained the necessary signatures. The meeting lasted from five to 30 minutes, depending on committee membership. (If parents were not present, the meeting would have taken considerably less time than if they were present.)

The EA&R meeting, in short, was a time for summation rather than for actual decision making activity. The responsibility of the EA&R committee was twofold: first, to finalize the eligibility statement, and second, to finalize the level of placement. Eligibility was controlled by the diagnostician's technical expertise. The level of placement was predetermined according to the problem supervisor's analysis of the problem intensity. Again, it has become necessary to note that the intent of this study was to identify those factors which have influenced decisions rather than the appropriateness of the decisions or decision making process. The placement decisions may have been appropriate; however, they were influenced and controlled by one (or two) individual(s).

EA&R Case Descriptions

The case of Barry. The EA&R meeting was held during school hours and was attended by the special education program coordinator, the school nurse, the special education head teacher, the support team chairperson, and both parents. Prior to the arrival of the parents, the special education program coordinator asked the writer not to tape this meeting, since he expected some problems with the parents.[7] He also noted that, because the area folder for this student was misplaced at the area office, he did not have copies of the tests, although he did have a copy of the diagnostician's report.

When the parents had arrived and seated themselves, the program coordinator asked if the diagnostician had reviewed the testing with them. They said yes. He then briefly summarized the reasons why Barry had been referred. The father, having indicated concern regarding the number of meetings that had taken place at the school, asked to see the summaries of the support and referral team meetings. These were shared with him by the support team chairperson, along with the report from the referring teacher.

The teacher who had initiated the referral was the Spanish teacher. This prompted the mother to explain that her older son had never been able to learn Spanish, even when he attended a private school, and had been allowed to drop the subject. The support team chairperson explained that the concerns for Barry went beyond Spanish, and handed the parents a copy of each of the teacher progress reports collected prior to the support team meeting. The mother proceeded to read all the reports to her husband and, upon reading one statement that her son did not assume responsibility, said, "I didn't know that."

While the parents read each of the teacher reports, the special education coordinator read the diagnostician's written report and filled out forms. The special education head teacher and the support team chairperson busied themselves with other paper work. By the time the parents had finished reading through the reports, the program coordinator had completed his organizational activities. He then proceeded as if he were starting the meeting from the beginning.

He explained that the purpose of the meeting was to determine what Barry's problems were and how the school might help him. He mentioned that Barry did meet the criteria for placement as determined by the diagnostic testing and emphasized some of the highlights of the testing as noted in the diagnostician's report. He explained that Barry displayed normal intellectual ability but was functioning at a lower achievement rate, since his ability to function was disrupted by visual perceptual problems. (At this point in the meeting notes, it was indicated that the program coordinator used more simplified language, rather than educational jargon.) The program coordinator suggested that this group would need to find alternatives for addressing the student's problems. He proceeded to leaf through the teacher reports to determine those subject areas which were difficult for Barry.

The father mentioned that Barry remembered telephone numbers quite well and that, whenever he needed a telephone number, he relied on Barry to tell him. He also noted that the diagnostician had shown them one test where Barry was to copy some figures and that he had drawn them sideways and very poorly. He reported that he had asked Barry about it and that Barry had said he had merely turned the paper over.

The nurse asked if Barry wore glasses. The mother replied that his eyes were checked every year and were reported to be normal. The program coordinator explained that there was a difference between visual acuity and visual perception. The mother noted that the diagnostician had explained to her that, by the time Barry interpreted what he had seen, it had become different. The program coordinator noted that this could present problems with reading and writing and that there were some alternative teaching strategies that could be used in a special education classroom. What was needed, he stated, was to decide the placement level.

Discussion of placement level was begun by the program coordinator's asking about Barry's classroom behavior. The support team chairperson noted that she had not received any further reports on his behavior, and that most likely the behavior was linked to Barry's frustration with academic requirements. The program coordinator, agreeing that the behavior might have been manifested because of the learning problem, said that for the time being they would give Barry the benefit of the doubt. He then went through the teacher reports again, noting that the subjects in which Barry experienced difficulty (social studies and language arts) were classes requiring a great deal of reading and writing. The special education head teacher suggested that he be placed in a B level program based on what she had heard about Barry as she sat through meetings and her familiarity with other students who had similar problems.

The program coordinator explained to the parents that a B level program was an arrangement in which the student could receive up to two periods of special assistance a day. The special education head teacher suggested that this assistance be given in the language arts area. The program coordinator continued his description of how the resource room (level B) program operated and explained that a student's placement in such a program was contingent upon parental approval. He also noted that the program level could be modified at any time, and asked the parents how they felt about such an arrangement.

The mother asked if the program were the same as Title I, and the special education head teacher explained that the resource room used a different approach to teaching reading. She explained that the resource room provided a more intense program since it was set up to provide services for two periods instead of one, as in the Title I reading program. She also noted that there was a chance that Barry might not qualify for Title I services during the upcoming year, since some changes would have to be made because the school was going to lose a teacher. The father indicated that he thought the resource room would be a good idea.

At this point the group broke into two smaller discussion groups. One discussion took place between the program coordinator, the special education teacher, and the support team chairperson, and focused on scheduling concerns. One concern was whether Barry should take typing. The special education head teacher suggested that they make a note to monitor Barry's performance in typing the following year. The second discussion was between the parents and the nurse and focused on Barry's complaint of headaches. The mother also asked the nurse if Barry's placement would begin immediately and the nurse replied that it would.

Finally, the program coordinator turned to the parents and explained that the special education head teacher and the support team chairperson had been discussing scheduling concerns. He noted that it was possible to give Barry one period of language arts and one period of doing homework and activities designed to improve visual processing skills. The parents said that this sounded good, and the father asked whether it was intended that Barry eventually would return to all regular classes. The program coordinator explained that this certainly was their hope, but that there was no assurance that this would occur.

The special education head teacher interrupted, asking for clarification with regard to the number of periods they were talking about. When the program coordinator said two, she replied that they wanted three. The program coordinator said that three periods would mean C level placement, but the special education head teacher indicated that they had been providing three periods at B level because of a "120 minute thing." The program coordinator indicated that he was aware of this, but that it could not be done. This prompted some discussion as to how it would not need to be done on paper, but it still would be possible to give Barry the three periods in the resource room. (This discussion took place between the special education head teacher, the program coordinator, and the support team chairperson, with no input from the parents.)

The program coordinator then explained the EA&R form to the parents. The special education head teacher excused herself, saying that she would take Barry on her caseload next year. The program chairperson explained the permission to place form and stated that in 30 days there would be a conference about the individualized education program (IEP). He then asked if there were any further questions, and the mother asked when the program would be implemented. The support team chairperson explained that it would not begin until the following year since there were only four weeks of school remaining in this school year. The father expressed concern that Barry not fall too far behind in school, so that he would not get the idea that he was retarded. The program coordinator replied that Barry was not retarded, since he tested within the normal range of intelligence, and the support team chairperson suggested that the parents take the time to explain this to Barry. The EA&R meeting had lasted a total of 45 minutes.

The case of Johnny. This was the second EA&R meeting for this day. It was the special education program coordinator's scheduled day at the school. As the writer arrived, the program coordinator, the special education head teacher, and a second special education teacher were completing the form from the first EA&R. The special education head teacher stated that the mother was not going to attend this second meeting, so the meeting started immediately.

The special education head teacher indicated that she would like Johnny to be in the B level. The second special education teacher interrupted to ask the program coordinator a question concerning the procedure for mainstreaming a student from the C level into additional regular classes. After the program coordinator had responded to this question, she brought her attention back to the EA&R at hand.

During the discussion between the second special education teacher and the program coordinator, the special education head teacher had been reading over the diagnostic report. She told the program coordinator that she had been working with this student a little bit, and showed her a picture that the student had been drawing. She said that she would like to keep him in the B level and phase him in slowly, since this student could be very stubborn and resistant to being placed in a special education class. The EA&R form was completed and the program coordinator moved on to the next item on the agenda.

As a matter of information, during an interview prior to this meeting, the special education head teacher had indicated to the writer that the diagnostician had recommended that this student be placed in a C level program. However, she expressed concern over this recommendation because she had spoken with the student and found him to be very resistant to the idea of being placed in a special education class. She therefore thought it best that he be brought into special education on a gradual basis. (The interview took place on January 25, and the EA&R meeting was held on February 11.)

Consensus Decision Making

"How decisions are made reveals a good deal about a team" (Schwartz, Strefel, & Schmuck, 1976). The descriptions provided by interviews and by observations of groups in operation created an image much like that of teams using participatory decision making strategies. Wood (1977) defined participatory groups as follows:

> . . . the participatory group is one which, though it operates without a designated chairperson, contains several essential characteristics of democratic groups and organic organizations as they are characterized in the literature. First, a participatory group attempts to maximize the inclusion, input, and responsibility of all of its members in the decision making process. Second, though "leaders" may emerge from time to time because of recognized competencies on particular issues, the members have a colleagual rather than a leader-member relationship. Third, communication flows among the participants without regard to rank or status positions outside the group. And finally, rather than make formal motions and vote on issues which arise in the group, the members rely on consensus as a decision making procedure. (p. 24)

The intent of the three teams observed was to have a group involved in decision making so that there would be various sources of information upon which to draw. There was an expectation that the expertise of each team member would contribute to the decision making process.

> I say the role is one of carrying out, analyzing, reviewing, communicating, sharing expertise, concentrating on student needs. . . I think they [support teams] bring together the expertise of the team. (Top Administrator 8, Interview, 6/9, p. ()

Additionally, staff members of various statuses were included as members of the teams, and formal procedures such as voting were neither observed during the observations nor described by the interviewees. Despite the outward appearance of having engaged in participatory decision making, the "normal" procedure was one in which an individual stated his/her beliefs regarding a course of action. When others failed to agree or disagree, it was assumed consensus had been reached.

In each of the three schools, a chairperson emerged in the support team meetings. In one school, the problem supervisor and the chairperson were the same individual. He, therefore, called meetings when needed and kept informal notes for his own use. In another school, the chairperson was a team member other than the problem supervisor. This individual participated in determining the agenda, recorded brief minutes, and had them typed, but did not distribute them. An administrator (the principal or the assistant principal) was chairperson at the third school, and another team member volunteered to serve as secretary. The chairperson supervised the agenda, and the secretary was responsible for both recording brief minutes and distributing them to fellow team members.

In all three schools, the problem supervisor emerged as the "informal" leader. (Informal because he/she was not formally appointed as group leader.) As informal leader, the problem supervisor opened and led discussions focused on the problem he/she had presented. The problem supervisor was also responsible for following through with the final decision.

Rather than using a consistent procedure to finalize a decision, decisions were made in three ways: 1) the problem supervisor stated that X would happen, and there was no objection; 2) the problem supervisor asked if it would be agreeable if X occurred, and either there was no objection or another team member voiced agreement; or 3) the chairperson indicated a decision by summarizing what would occur. The following support team meeting excerpts have provided examples of each of these situations.

> 1) The special education representative (speaking for the absent problem supervisor) stated that this student had some extreme behavior problems and would be placed in special education. (This decision was announced prior to completion of the discussion.) (Excerpt from transcribed field notes of support team meeting, 11/13)
>
> 2) The problem supervisor stated that the student would be presented at the next diagnostician's meeting if it were OK with the people at this meeting. . . . The assistant principal asked the special education teacher if it would be all right with him if the support team went along with the referral. The special education representative said "fine." The discussion turned to the next problem. (Excerpt from tape recording of support team meeting, 1/6)
>
> 3) The chairperson summed up the discussion. The problem supervisor was going to continue to check with the student's mother, follow up on the homework sheet, and have teachers send the student to her on his really bad days. They would report to the referral team at the December meeting. (Excerpt from transcribed field notes of support team meeting, 12/3)

Consensus was assumed; individuals were not required to commit themselves to a decision. Notes or minutes from meetings were brief and were distributed in only one school. The action which followed was dependent upon the problem supervisor's memory or perception of what had been decided. In the case of Lance, the assistant principal took an action different from the one discussed by the support team. (He met with the father and the counselor and changed Lance's schedule, rather than arranging a meeting with the full support team, the father, and Lance.) The results were reported at the referral team meeting and no one voiced objection; as the plan was implemented, Lance displayed improved behavior. Approval of the assistant principal's action without support team input was assumed since no one objected.

Observations revealed that very little objection occurred at any meeting at any school. When an objection was voiced, it either appeared to be circumvented rather than discussed openly, or it served to prevent action from being taken at that particular meeting. The following two case descriptions have provided illustrations of how dissent was handled. The first case (Patty) has been described in full earlier in this chapter. The second case (Ronnie) has been presented here for the first time.

The case of Patty. The problem supervisor opened discussion regarding Patty by acknowledging the reading teacher (Ms. X), who presented support for her intervention. Ms. X reported that she had discussed the idea of retention with Patty and had found her agreeable to the suggestion. Because Patty realized that she had missed a lot of school due to illness, and because she had friends in the lower grade, she was open to the idea. Retention was not the decision choice of the problem supervisor. When Ms. X finished, the problem supervisor stated:

> However, that is a decision we cannot make right now. Right now she is in the seventh grade, and we can't put her back in the sixth. I wouldn't think that would be the way to go. I think we need to decide whether or not we want to refer for further testing. My thought is that we ought to refer. (Excerpt from tape recording of support team meeting, 1/7)

No discussion or input regarding the retention suggestion was sought by the problem supervisor. Another team member asked about the possibility of emotional problems. Mr. T (a teacher) broke in and asked about Patty's age. While the problem supervisor searched through her data, another individual commented on the grandmother's concern for Patty. When the problem supervisor replied that she did not know Patty's age, Mr. T said:

> I think that is very important in this. I feel different about this. I don't feel like she should be held back. I feel she should start right where she is right now. She can't do any better than she is doing right now, and she'll just pick up as she goes along . . . I feel she should stay right where she's at and keep on going. I don't think she should be held back. (Excerpt from tape recording of support team meeting, 1/7)

His comments displayed his desire for further discussion of this idea, but discussion turned instead to classroom performance descriptions and what could be expected from Patty. Math was noted as a definite problem area; some teachers thought the problem lay in Patty's attitude rather than in her lack of ability; and two teachers noted that they had had some success with Patty in their classrooms. After one teacher stated that she thought Patty's success had resulted from allowing her to work with another student, the problem supervisor noted that obviously Patty exhibited some comprehension ability and asked:

> Are you interested in sending this on to referral team? (Excerpt from tape recording of support team meeting, 1/7)

No dissent was voiced; there was some nodding to show agreement and some individuals verbally said "yes." After some discussion of the best approach for obtaining a speedy evaluation and a brief summary of the decision by the chairperson, Mr. T stated, in response to a question:

> She does well. She reads well orally in class. Of course, she was out this whole nine weeks. But I think that if you're going to hold her back, hold her back now. Put her in the sixth grade now. (Excerpt from tape recording of support team meeting, 1/7)

The problem supervisor replied:

> I don't think we have enough information to do that right now. We need more information. (Excerpt from tape recording of support team meeting, 1/7)

Another individual indicated support for the argument that more information was needed before a decision about retention could be made. An estimation of Patty's reading level was provided by a teacher who had the results of some reading tests. The problem supervisor noted that the results of the testing might indicate that Patty would benefit from retention; the results would show where and how to modify Patty's educational program. She also mentioned the need to find a tutor for Patty and reminded team members not to give Patty a grade for the past nine weeks on the upcoming report cards. The meeting terminated with this comment.

This case has provided an illustration of two approaches used in reaching a decision. Consensus was assumed on the decision to refer for special education evaluation when no one objected. However, no attempt was made to reach a conclusion or consensus regarding retention. When the suggestion was first made, it was dismissed with a statement that it was a decision which could not be made at that time. When Mr. T attempted to pursue the discussion by objecting to the idea of retention, his comments were ignored. Later, when he again voiced his opinion regarding the retention suggestion, it was dismissed with the statement that retention could not be considered until more information had been obtained.

The case of Ronnie. The counselor opened the support team discussion by summarizing teacher concerns about Ronnie's school performance.

> Ronnie has difficulty with following directions. Drawing conclusions, etc., seems almost an impossibility for him. Ronnie seems very disconnected. He never has an answer, and he usually shrugs his shoulders when asked a question. He's out of it most of the time. (Excerpt from tape recording of support team meeting, 1/7)

The counselor further explained that Ronnie had been removed from the home economics class and placed in an extra period of Title I reading because the teacher was afraid he would hurt himself or someone else. He stated that the team was meeting to see if something could be done for Ronnie, and asked if anyone had any recommendations.

The nurse continued the discussion by saying that Ronnie had been referred to her because he seemed to blink his eyes a lot. One teacher noted that she had not observed this behavior lately, and began sharing some of her observations regarding Ronnie's performance in her class. Discussion of Ronnie's very low performance continued as other teachers shared their own observations. One teacher volunteered that according to reading test scores Ronnie was considerably below grade level. When another teacher expressed dismay at how a student could get so far with such low scores, the special education head teacher noted that Ronnie's previous elementary school was the worst of their feeder schools in terms of special education. This prompted another teacher to state:

> Oh, that's what I feel. He needs to be in special ed. He needs to be in a self contained classroom. He cannot cope with a lot of people and if we don't catch him now, it'll be too late. (Excerpt from tape recording of support team meeting, 1/7)

The special education head teacher asked if Ronnie displayed behavior problems, since that would be one way of getting an evaluation completed within a shorter time frame. One teacher noted that she had observed a lot of behavior problems in that Ronnie could not remain in his seat or concentrate on a task. Another teacher stated that something should have been done about Ronnie several months earlier. The chairperson then stated:

> This seems like a case we want to recommend for testing. (Excerpt from tape recording of support team meeting, 1/7)

She also indicated that there was a need for someone to volunteer as team leader or problem supervisor, as well as a need to determine some interventions. Further mention was made of a need to note interfering behaviors and medical concerns. A question was raised about using auditory methods to work with Ronnie, but a response indicated that Ronnie displayed very poor auditory memory skills. The counselor then stated:

> OK, in the meantime, while we are trying to get the testing done and trying to get him into special ed, what can the teachers be doing? (Excerpt from tape recording of support team meeting, 1/7)

This prompted one teacher to recommend that Ronnie not proceed into the next exploratory arts class, which would be shop. Another teacher noted that it would be good to substitute physical education for shop in an effort to evaluate his coordination. Science also was mentioned as a class that would be too difficult for Ronnie, and it was suggested that he be given two periods of Title I reading to replace science. One teacher volunteered to serve as problem supervisor and to make the suggested schedule changes.

During the referral team meeting at the end of the month, the problem supervisor initiated discussion of Ronnie.

> He is a child, it seems, who does not relate well at all to changing classes. He does not go back and forth well. [Interruption: Can I ask why he is not taking science?] Because he was failing health miserably. He's basically a non-reader. There's no way he could do the work. [Not even on a first grade level?] Not even on a first grade level. He's reading on a pre-primer. (Excerpt from tape recording of referral team meeting, 1/28)

The social studies teacher was the first to express dissent with regard to the schedule change that had been implemented.

> I understand why he was taken out of my sixth period social studies but I think it's a mistake. I know we have to make the schedule work but at that point I only had 12 children in there. I've just received one D level student who cannot read at all and who is doing just beautiful in there. I've geared the whole class for non-readers practically. Everything we do is oral and the class is small and he was never a behavior problem whatsoever, and I know he hasn't been in other classes. But I sure hate to see him sit in the back of a large class and fail, you know, when he was not failing in my class. I don't know what you can do about that. (Excerpt from tape recording of referral team meeting, 1/28)

The math teacher followed by stating that the class to which Ronnie had been moved was larger than the original one. Consequently, it was more difficult to give him any individual help. It was explained that this move had been necessary in order to keep Ronnie in Title I reading for two consecutive periods. It was further explained that Ronnie's time in Title I had been changed in order to place him in a group with other students who were at a similar reading level. Further discussion of schedule problems prompted the principal to ask for clarification.

> I'm having a difficult time understanding—how was the schedule change arrived at? (Excerpt from tape recording of referral team meeting, 1/28)

The problem supervisor responded:

> Support team recommended that he be pulled out of exploratory and be put in PE and out of health and science and be put in a double period of Title I, so then it was just playing with the schedule after that for numbers' sake. (Excerpt from tape recording of referral team meeting, 1/28)

The discussion of schedule problems continued. One teacher suggested that "if we had all gotten together, perhaps we could have come up with something" (excerpt from tape recording of referral team meeting). The final outcome was that teachers would meet the following morning at 7:45 a.m. to resolve the schedule problems. Two points of consideration were mentioned: 1) that Ronnie did not belong in exploratory arts; and 2) that perhaps an alternative math arrangement could be established so that emphasis could be placed on improving reading skills.

The following two interview quotes have revealed two perceptions of what occurred with this case and why it occurred.

> Ronnie has been referred for special ed. Personally I do not feel that Ronnie belongs in special ed. He has a reading problem. He is not a special ed problem. Ronnie is probably functioning at about a third grade reading level in here. He has worked extremely hard for me. When he has a personality conflict, he quits. . . . He does not handle changing classes well. He does not handle changing teachers well. What happened in that particular case is that this student was changed from a particular social studies class and the reason he has changed was so that he would stay with me two periods a day. He's got two periods of remedial reading because he was reading below grade level. And because he really needed it. He's functioning like a non-reader in everybody else's room but all of his test scores show third grade level. He was having problems with success, and what actually ended up happening to this kid is even worse, and because that teacher wanted that kid back in her room. As far as I'm concerned, it was an ego thing. The kid was pulled out of exploratory because he was considered to be unsafe to have in home ec. He couldn't follow rules and regs. He was totally off the wall. So he was in my room a double session. I want him in the two periods that I have with my kids that have a lot of reading problems. So I placed him in there, which

> meant he had other changes. Well, in the end then, he's now back in exploratory. He has reading as his elective and he also has PE as an elective. He has social studies, he has math, he has language and lit. So what they've done is put him back in a situation where they originally, the support team, had said they didn't want him. They pulled him out of a reading class where he was having success twice a day to where now he has it once a day. They put him back in a social studies class. Right now, he is still waiting for people to turn in all the little information and all the blue sheets that you have to fill out on behavior forms, and they're still waiting for some of the people who are just kind of shrugging their shoulders about this kid. They still don't have all the information so that he can be tested. (Teacher 12, Interview, 3/11, pp. 12 & 13)

> I think because one person pushed it to make the reading thing work for her because she was revamping all her schedule and he would fit well into that new schedule. I think we get tracked sometimes into pushing for where it's going to work the best for us. She just didn't realize the effect it would have on him. It's like all of a sudden I got very protective of my subject area. He's not doing very well in here now, but I feel like he's better off with me than lost in that other class. (Teacher 10, Interview, 3/11, pp. 4 & 5)

Two points have emerged from these quotes. First, no real change occurred. Second, even though teacher 12 disagreed with the decision regarding a special education evaluation, she had not stated this at the support team meeting.

Summary comments. Support team decisions to refer a student for special education evaluation and decisions which did not force teacher changes were accepted and implemented easily.[8] However, decisions which called for a change directly affecting and opposing individual needs or desires risked being jeopardized. In the case of Ronnie, the decision implemented affected the teachers directly. As a result, disagreement evolved and the decision was rescinded.

It does not follow that consensus would not have been obtained if there had been disagreement among the group. Schwartz, Strefel, and Schmuck (1976) stated that consensus is not synonomous with unanimity. Rather, consensus has meant:

> . . . that each member can paraphrase the decision to show that he understands it, that each member has had the opportunity to express his feelings about the decision, and that whether or not each member agrees he will at least publicly say he is willing to go with the decision for a specified period of time. In this way, each member of the team has shown his expertise and resources and no one is left out of the final decision. (p. 59)

These authors also have pointed out that consensus is neither quick nor easy to obtain, since conflict in groups is unavoidable and longer periods of time are required for reaching a final decision. Data from this study revealed that disagreement among group members either did not surface or was quickly dispelled. Complete analysis of why this occurred goes beyond the data obtained for this study. However, given that time was a limited resource in the schools, it can be observed that time was one factor which affected a group's ability to deal with conflict in a satisfactory manner.

Summary

The use of groups for making decisions about placing students in special education programs has been mandated by federal and state regulations in an effort to assure that such decisions are appropriate. This has been based on the assumption that groups will provide more discussion and suggestions, which will lead to better decisions than those made by a single individual. District 112 incorporated the use of groups in three steps in the process of identification through placement for special education. The support team was incorporated to discuss student problems and to determine appropriate actions which might lead to a solution of the problem. Referral teams were added as a mechanism for screening students whom the support team had recommended for special education testing. Finally, the EA&R committee was responsible for determining eligibility and placement level.

In mandating the use of groups, it was assumed that student problems would be discussed, alternative interventions generated and used, and decisions made by the group. Statements made by some of the persons interviewed for this research described such a system. However, observation data and additional interview data produced a different description. Despite the use of groups, decisions continued to be directed and controlled by one individual. That individual would control decisions by initiating and supporting a special education evaluation referral, by suggesting or implementing another intervention strategy, or by taking no action when action was suggested by others.

The decision making process began with the support team decision, directed by the problem supervisor. The problem supervisor controlled decisions through the school assigned role description, through self role interpretation, and through directing discussions with loosely defined terms and vague data. Continued control of the decision to refer a student for special education evaluation was maintained by the problem supervisor through the manner in which information was presented at the referral meeting. This was done either by announcing the decision as a final one or by presenting a prepared packet of referral data. Even though the diagnostician retained technical authority to reject a predetermined decision, the real control was maintained by the problem supervisor who supervised the information. The decision making process ended with the placement decision, which was twofold. First, eligibility for service was dependent upon the diagnostician's technical assessment of evaluation data. Second, the level of placement was dependent upon the problem supervisor's analysis and presentation of the student's problem.

Throughout the entire process, group decision making, a process requiring participation or compliance by all members and decisions based on discussion of all possible information, was absent. Little specific information was shared; there was almost no brainstorming of techniques or interventions that might solve the problems, and results of previous actions were often missing. There was rarely more than one intervention suggested, usually by the problem supervisor. Commitment to an intervention was not sought overtly; and consensus on the intervention decision was assumed when no one voiced an objection. Conflict was avoided, and disagreement surfaced only when the intervention directly affected the teachers.

Contrary to the intent of the procedures, the use of groups did not assure group decision making. One of the impediments, as noted, was the limited amount of time available for meetings. This has been the topic of discussion of the next chapter.

NOTES

1. This case observation has been based on the writer's observation notes. This observation took place before the writer was fully introduced to the school staff, and she attended the meeting with the principal's permission only. It was unclear whether all staff members had been informed about the project. The writer thought it best not to begin recording until she was sure that information about the project had been disseminated.

2. The Manual stated that the referral information could be picked up by either the program coordinator or the diagnostician. In practice, the diagnostician was designated as the person responsible for this task. At one school, the program coordinator assumed this task until late in the school year. At that time, the diagnostician assumed responsibility for referral packets.

3. The writer observed a support team decision challenged only once; that decision was not a special education evaluation referral decision. A schedule change was challenged by teachers who disagreed with the results of the change.

4. During the observation period, two referrals were rejected by the diagnostician. Both were not accepted because the WRAT scores indicated an achievement level too high for the student to qualify as learning disabled.

5. One principal refused to have a self-contained classroom for behaviorally disordered students in his school. This did have some influence on decisions where such a placement might have been considered if available.

6. Two cases were observed in which two regular teachers became problem supervisors. In both cases, the counselor continued to play an important role in verifying and supporting the decisions.

7. This EA&R took place late in the school year. The writer, in speaking with the diagnostician, discovered that Barry's evaluation was completed in mid-March. In April, after hearing nothing from the school regarding an EA&R meeting, the writer called the principal to find out if an EA&R meeting had taken place. He reported that it had not and that the program coordinator was going to look into the matter. A week later, the writer called again since no one had contacted her. The principal had not received any feedback from the coordinator, but said that he would find out that day since the coordinator was at the school. He later reported that there appeared to be a problem in getting the diagnostician's report typed. A week later the EA&R meeting took place, but before the meeting started

the coordinator stated that she preferred that the tape recorder not be used, since she thought there might be some problems with the parents. Barry's parents were pleasant and showed no signs of being upset. In a follow-up conversation, the coordinator reported that she had anticipated problems because the principal had led her to believe that the parents were concerned about the length of the process.

8. In addition to the two cases presented, one other instance of dissent was observed. However, the dissent was not in direct opposition to the referral, but rather, noted a need to postpone the decision until additional data had been obtained. This partially accounted for the length of time which elapsed before a decision was made in the case. A description of this case has been provided in Chapter VII (see case of Debbie).

CHAPTER VII

Decisions Were Influenced by Time

Blau and Scott (1969) stated that bureaucratic organizations distribute tasks among their members according to expertise or specialization. Procedures have indicated steps for completing a task and for distributing labor among members of the organization in an orderly and efficient manner. In order for these procedures to be effective, they have been presumed to be consistent with the time parameters defined by the organization's work schedule. Two assumptions which underlie the use of procedures have been stated in the following manner: 1) that decisions are made in an orderly and timely fashion, and 2) there is adequate time to carry out procedural steps.

Special education identification through placement procedures have required thorough evaluation and investigation of a problem in order to ensure appropriate decision making (Cartwright, Cartwright, & Ysseldyke, 1973; Ysseldyke & Regan, 1980). Implicit in the right to an appropriate education, however, has been the need to find effective solutions quickly in order to decrease inadvertent discrimination which may be caused by lack of access to an appropriate education. These two concerns have created conflicting time demands; the first has demanded caution while the second has demanded fast action. Information presented in this chapter has revealed the difficulties encountered in attempting to respond to these conflicting time demands.

Requiring team decisions has implied that the established work schedule allows adequate time for team processes, since, as Maier (1967) stated, decisions made by groups require more time than those made by an individual. Fisher (1980) contended that time allowed for the meeting must be sufficient to discuss the problem thoroughly, to generate possible solutions, to discuss the solutions, and to decide on the most appropriate solution. Requiring team decisions also has implied that school staffs have access to a common meeting time.

Timely Procedures

In addition to assuming that there is enough time to carry out the process, the existence of a set of written procedures has implied that the process makes the most efficient and effective use of time. It has been, therefore, helpful to outline the written procedures briefly while considering time elements.

Written Procedural Requirements

No specific timelines were included in the written procedures. Nevertheless, an approximation of time could be obtained by reading through the steps of the procedures.

The first step required that the support team discuss student referrals. Through discussion, the support team decided on an appropriate intervention. This intervention might have been a recommendation of referral for special education evaluation. Notation of attempted interventions and the results was to be included with such a referral. This implied that a recommendation for special education evaluation would not result from the first support team discussion of the problem, and that some time would lapse between initiating a referral to support team and referring a student for special education evaluation.

The referral team met once a month, according to the written procedures. A special education evaluation recommendation could have been presented at a referral meeting as long as four weeks after the recommendation was made. Additionally, the referral packet was to include specific types of data which had to be collected. Test scores, teacher narratives, a vision and hearing screening, and rating scales had to be obtained. The Manual did not mention ways in which this information might be collected, nor did it prescribe a timetable. If data were missing from the referral packet when it was reviewed by the diagnostician, the referral would not be accepted until these data were included. An additional month would elapse before the referral packet would be turned over to the area office for processing.

All referrals were to be evaluated in the order in which they were logged in at the area office. Exceptions were made for students who were in urgent need of special education intervention. Such students were given a Priority I status, which was defined as:

> Severely handicapped students for whom entrance into or maintenance in a regular classroom without special education services does not appear to be feasible. (Special Education District Policies and Procedures, Sec. 4.9, p. 12)

When the referral was taken to the area office, it was logged according to date and then assigned to a diagnostician in order of receipt. The diagnostician was responsible for contacting the student's parents and scheduling a time to obtain permission to test and to do the intake interview. The diagnostician also was responsible for completing the evaluation. Again, no mention was made of time.

Following the evaluation, a report was to be written and typed. The first step required the program coordinator to arrange an Education, Appraisal, and Review (EA&R) committee for the purpose of deciding placement.

An Ideal Timetable

Given ideal conditions, the total process from teacher referral to support team to placement decision might be expected to take a minimum of five weeks. This would occur if the following six steps took place at one week intervals:

1. Teacher referral was submitted;
2. Support team met one week later and recommended special education evaluation;
3. Data were collected and submitted to diagnostician at referral team meeting one week later;

4. Referral was logged and assigned to diagnostician, who received it one week later;
5. Diagnostician set up a parent meeting for the following week, at which time the evaluation was completed;
6. The report was written and typed, and the EA&R committee was scheduled to meet one week later.

Group Time Allotment

The amount of time available for designing school staff work schedules was determined by the length of the school day and by the employee contract. Responsibility for establishing time parameters for the school day rested with district office staff, in negotiation with union representatives. Demands on staff members going beyond the time specifications outlined in the negotiated contract required additional pay. The amount of dollars available for buying extra time was controlled by a preset budget. Such dollars usually were very limited, which meant that the school administrator had to place required duties within the time frame of the regular school day.

School Schedules

Union negotiated contracts for middle school professional staff prescribed a work schedule starting at 7:45 a.m. and ending at 2:45 p.m., with a half-hour duty-free lunch period. Even though each middle school teacher was assured one free period of preparation time each day, the only free time common to all school professional staff was before or after classes. Classes for students were held from 8:30 a.m. to 2:30 p.m. The morning bell, which allowed students to go to their lockers and to their first period class, rang at 8:20 a.m. Teachers were expected to be in or around their classrooms when the 8:20 bell rang. This allowed for 35 minutes of time before classes started and 15 minutes after student dismissal for holding team meetings with required teacher attendance.

If administrators, ancillary personnel, and the special education head teacher were the members required on the support team, it was possible to hold team meetings while classes were in progress. In such cases, the meeting time was determined by the special education head teacher's preparation period, since that individual was generally the team member with the least flexible schedule. The length of one such period was 43 to 45 minutes. If regular classroom teachers were required to attend team meetings, the maximum time available was the 35 minutes before classes began plus the 15 minutes after students were dismissed. Although team meetings were allowed to continue beyond the scheduled length of the school day, team membership had to be restricted to those willing to attend. Other concerns and responsibilities competing for individuals' attention also influenced attendance.

Attention Distribution

Just as time has been a fixed and scarce commodity within an organization, so too has been the amount of attention which any individual can devote to a given problem (March & Olsen, 1976). A variety of demands have competed for individuals' attention. The amount of time allocated by any individual to the decision making process has been directly affected by the amount of attention that they chose to apportion.

An individual's attention allocation generally has been influenced by three variables: the degree of vested interest, the amount of pleasure derived from involvement, and/or a perceived role obligation. According to March and Olsen (1976), individuals who have a vested interest in a decision outcome or have believed that their input would make a difference have been willing to devote attention to the decision process. Additionally, individuals committed to the process because they receive self-fulfilling value (e.g., status, goodwill, training, implementing ideology, sharing information) by participating in it have been more willing to invest their attention. Finally, when individuals have perceived that their prescribed role obligates them to participate in the decision making process, they have been more inclined to give their attention to the decision.

Observed attention distribution. According to March and Olsen (1976), individuals within organizations have allocated attention according to their perception of "duty, role, and obligation" (p. 52) concepts. Several examples in this study have provided illustrations of how individuals have distributed their attention. These illustrations have been drawn from situations in support, referral, and EA&R team meetings in the identification through placement process.

In the case of Lance (see Chapter VI), the assistant principal became involved as a result of his role obligation with regard to handling disciplinary concerns. Once he was involved, his interest in finding a positive solution was established, as verified by the comment of another administrator.

> The dad came in and wanted to hit him [the assistant principal] in the nose one day and now they are best friends. I think a whole lot of credit goes to him. He has spent lots and lots of time with that man. (Excerpt from tape recording of referral team meeting, 2/28)

As a result of his involvement and vested interest, the assistant principal effected several outcomes rather quickly: 1) an abbreviated school day for Lance, 2) an arrangement to have Lance continue to attend this school after moving from the area, and 3) a move from the seventh to the eighth grade. The first and second outcomes took place within a two-week period, while the third occurred during the following month. The total timetable for this case, from its first mention at a support team meeting to the reporting of the conclusions at a referral team meeting, was seven weeks.

A second illustration of vested interest has been provided by teacher 12, who often was involved in team meetings. Twice teacher 12 volunteered her leadership because the student was one with whom she was particularly concerned. In one case, she effected a schedule change within several days after a team meeting in an effort to alleviate the student's problems. However, this change interfered with the interest of another teacher, who strongly protested the new schedule at the referral team meeting (see case of Ronnie, Chapter VI). As a result, interest was stimulated on the part of several team members, and a special meeting was scheduled for the very next day at 7:45 a.m., rather than waiting for the next support team meeting.

In the case of Sara (see Chapter VI), action was not taken until the situation was presented in the presence of the principal. Even though the suggestion to prepare a referral packet had been made in October by the special education head teacher, it was not until mid-January, when the principal suggested the counselor make a telephone call, that any results were seen. The counselor then obtained school records and began a special education referral within one week. In this case, her interest was stimulated by an outside force. Once it had been stimulated sufficiently, immediate action was taken.

Belief in the team process, in discussing and sharing ideas, led to more willingness to attend team meetings.

> Most of my training has come from Illinois. The last five years that I was in Illinois, I worked in a school that was based on the IGE principle, which is individually guided education. We were formed into units. Each unit met once a week and we

> discussed curriculum, children, anything that went along with that. We met an hour once a week and a half an hour before school. . . . Actually they could meet on a daily basis. They [the team members] all had the same prep time. They had one meeting a week just to be planning the curriculum and to talk about kids. . . . We spent a lot of time talking about our kids. I felt it was profitable time because if a child was having a successful experience in one classroom but not in another, it was important to look at why there was success in one area and not in another. . . . We had a neat school and I loved it. . . . I would love to see it work that way . . . and I feel it's more effective with kids. (Teacher 12, Interview, 3/11, pp. 3 & 10)

> I view the support team as working like a clinical staffing. When it doesn't meet that ideal of mine, then I'm disappointed. When enough time isn't allotted for the support team, when the end result of coming to a decision is viewed as more important than spending time discussing and batting this all about . . . I think that's important. . . . I really do see that some people enjoy the support team meetings more than others. A person like myself sees it as an integral part of the day. (Special Education Teacher 5, Interview, 3/10, p. 10)

Both of the above quotes came from individuals who were committed to the team process and willing to devote attention to it.

Role perception also influenced individuals' willingness to assume responsibility for directing decision outcomes.

> . . . So by necessity I only want to bring kids who I've tried a whole lot of stuff with. Chances are slim that there's going to be another input that I need to go back and try again. That may sound pompous, but it's really not. It's something that many counselors, many good counselors, experience. If we weren't good at our job and we weren't trying many things that stood a good chance of working, then we would be defective people. (Counselor 2, Interview, 1/18, p. 3)

Further, it influenced individuals' willingness to attend to the requirements of the decision making process. Counselors and special education teachers traditionally have been involved in decisions about students because that has been part of their role descriptions. In all three schools, counselors and special education teachers participated actively in team meetings and in the decision making process; and in all but three of the cases observed, they served as the problem supervisors.

Summary. Individuals in organizations have been forced to attend to various tasks which compete for a limited amount of attention. This has forced individuals to distribute their attention among these tasks by some method. Interest in the task, personal pleasure derived from attending to the task, or perceived role obligation have been noted as three variables which influence individuals' attention distribution.

The Influence of Time

Data analysis has suggested that time was a major influence on the observed special education identification through placement process. The limited time available within a school organization and the limited attention given to the process, juxtaposed with procedural requirements, influenced the manner in which decisions were made and the timeliness of decision making. Team membership, number of meetings and of students presented, discussion and follow-up, and collection of information were influenced by the time element, and in turn influenced decisions and their timeliness.

Team Membership

Two schools included all teachers as support team members. This dictated that team meetings be held either before or after school. At one of these schools, support team meetings were held only before school, on one day during each of the first three weeks in a month. If certain members were absent (e.g., one or two of the students' teachers), the meeting was postponed. At the second school, meetings were held both before and after school. However, at this school all teachers were invited but not required to attend, with the result that attendance varied greatly. The largest number of persons present at an observed support team meeting was 10.[2] Other meetings had attendance ranging from three to five persons, with members arriving and leaving throughout the scheduled meeting time. One teacher described this support team's membership as follows:

> I think our support team has kind of gone down the hill a little bit. We used to have support team meetings where the principals would be there, the nurse would be there, the counselors would be there—everybody. That's what support teams are supposed to mean. Then you get them like this morning where half of the teachers are there, one counselor, and the head special education teacher. (Teacher 6, Interview, 2/16, p. 9)

Thus, discussion input was limited to those who chose to attend the team meeting.

Membership of the third support team consisted of the counselors, nurse, reading specialist, speech and language pathologist, special education head teacher, and administrators. This team met during the special education head teacher's preparation period. During one meeting, it was suggested that parents and teachers be invited to attend and participate in support team meetings. The response to this suggestion indicated that there were no negative feelings about having additional team members, but that this would require a longer period of time for the meeting.

> I would like to request that we make the support staff meetings longer if we intend to bring in other people. I don't have anything against bringing in teachers or parents to talk about kids but I was rushed today. And we're often rushed to get the business done within the time that we have. So I would just suggest that we have a little longer time to work through some things. I feel rushed. (Excerpt from tape recording of support team meeting, 1/15)

Continued discussion revealed that holding longer meetings presented problems for persons with other after-school commitments. Beginning the meetings earlier necessitated arranging for classroom coverage, and no one was available for this task. The meeting time and membership of the support team, therefore, remained the same.

Classroom teachers have been the individuals most familiar with the student and his/her identified problem, as they have been the ones who have worked with the child on a daily basis. The longest period of time available for meeting with all teachers was in the morning (35 minutes), and often two students were scheduled for discussion. This allowed approximately 15 minutes to discuss each child. The writer observed that discussions often were curtailed either by a comment indicating a need to move on or by a ringing bell. Even when only one student was scheduled for discussion, the writer noted that the 35 minutes did not always provide sufficient time for discussion (see case of Johnny, Chapter VI). By the time that everyone had arrived, the meeting had begun, and everyone had had an opportunity to talk about the problem, only about five minutes remained to discuss a possible intervention.

Membership on the referral team also was determined by the time set aside for the team meetings. At one school, the meetings were held before school to allow for teacher participation. Referral team meetings were held during the special education head teacher's preparation period at the other two schools. At one of these schools, team membership included the diagnostician, counselors, administrators, the special education head teacher, and any other available support team members (reading teacher, speech and language pathologist, and nurse). At the second school, the program coordinator (see Chapter V) and the special education head teacher comprised the referral team membership.

The program coordinator was responsible for scheduling EA&R meetings, which usually were scheduled during the special education head teacher's preparation period. When several EA&R meetings were scheduled for the same day, special education head teachers would have to make arrangements to have their classrooms covered so that the EA&R meeting time could be extended. Because the meetings were held in accordance with the program coordinator's schedule, it was not always possible for working parents to attend. However, parents were always invited, and many made arrangements to be there. Diagnosticians were not present at any of the meetings observed; but one reported that she might attend in special cases.

> . . . ideally we should go to all EA&Rs. However, practically it's not possible. So only those EA&Rs that look like they would necessitate the diagnostician being there would we attend. Most of them we don't. If there's any real complications or real necessity, then I handle it. (Middle Administrator 4, Interview, 3/4, p. 8)

Classroom teachers generally were unable to attend EA&R meetings.

> Well, ideally we should be able to involve all the teachers that work with a child . . . they're not included because there is no way of covering their classrooms. There is no way of handling most of this after school or before school. I try to hold it when I can. I have to fight for coordinator time . . . and it's difficult to find the time and the [classroom] coverage that we need. (Special Education Teacher 3, Interview, 1/26, p. 5)

Membership of all team meetings depended on the time chosen for the meeting. When full membership was not mandated in order to hold the meeting, those who had other obligations often chose not to attend the team decision making meeting.

Number of Meetings and Number of Students Discussed

Two schools scheduled a specific day of the week for support team meetings. At one of these schools, one day per month was reserved for the referral team meeting, and, therefore, support teams met three times during a month. Referral meetings were scheduled for a different day of the week at the second school, which enabled the support team to meet each week. The third school scheduled support team meetings on an as-needed basis. Conceivably, a support team meeting could be scheduled several times during a given week; however, this was never observed.

The number of times that a support team met, combined with the limited amount of time available for each, affected the number of students who could be discussed by the support team. Agendas ranged from one student to as many as 15. The teams which included regular classroom teachers discussed only one or two students per meeting. The team not including classroom teachers averaged more students (5 to 15) per meeting, with the extent of discussion regarding each student ranging from a mere mention of information to a more specific discussion of a problem.

One team (with required teacher participation) began the school year with the goal of discussing two students per meeting. However, this was changed to discussing only one student when it was discovered that it took a longer time to reach closure than had been anticipated.

> That's why, last week when we ran into that problem, we decided to cut it down to just one student. We were going to try and staff two students, but it is hard for someone to try and pull together all the things that the teachers are saying and come up with some solutions. Lots of times it's hard to draw it out of them. One student and one teacher may be working effectively together, but it's hard for them to pinpoint why, or stuff like that. (Special Education Teacher 8, Interview, 11/9, p. 3)

Later in the school year, this support team returned to scheduling two students at each meeting time. Because there were no more than two students scheduled each week for three weeks of the month (a maximum of six students per month), there was a waiting list of students referred to the support team. Students were prioritized by the principal, the two counselors, and the support team coordinator, who met once a week to ascertain the severity of the problems referred. A referral usually was not scheduled for at least two weeks after being submitted; often the wait was even longer. In the meantime, the student's problem was not remediated and teachers experienced no relief from the problem. Since no action was seen, teachers were reluctant to refer problems to the support team.

> Before the meeting started, one teacher mentioned to her friends that she had a student that was having some problems. When she was asked why she did not refer the student to support team, she replied, "Why? Out of four, we've discussed two so far." (Excerpt from transcribed field notes, 11/6, p. 2)
>
> . . . I don't see the teachers making a lot of referrals. That's what I've heard around school too. . . . They don't feel as if anything will ever really get done and that it is just a waste of time. They've already tried what they could with that student and it didn't work, so . . . . (Special Education Teacher 8, Interview, 11/9, pp. 6 & 7)

Even though the agenda at one school was longer than those at the other two schools, it was still difficult to cover all the student problems scheduled for discussion. On several occasions, the time allotted expired before all students were discussed.

Usually, these students not discussed were placed on the agenda for the next meeting. Sometimes several team members stayed to discuss a student even though other members left. On one occasion a second meeting was arranged for the same week because there were a number of students still on the agenda to be discussed.

Referral meetings were held on a monthly basis (except in one school where referrals could be given to the program coordinator as often as once a week). This meant that once a decision to refer a student for special education testing was made by the support team, there could be a wait of one to four weeks before the diagnostician reviewed the referral data. If any data were missing, if additional data were required, or if the meeting was cancelled, another month was added to the wait. During this time, the student continued as before while school personnel waited.

> I wish we would have our referral meetings more often. . . . Sometimes we need them more often, I think. . . . It's set up to have one and then it's postponed. I do not want to postpone it. I'm ready and I want to get going on it. This child needs tested; it takes a long time. He needs help now. He's just falling further back and we're just waiting. (Counselor 5, Interview, 11/5, p. 12)

Discussion and Follow-up

The purpose of requiring team decisions generally has been to assure more extensive discussion and consideration of all possible alternatives. However, the reality of limited time forced a compromise with regard to this purpose.

> In a pure sense it [the support team] should be a situation in which a lot of brainstorming goes

> on, a lot of suggestions are tossed back and forth. The person would go back with those suggestions and give that a chance to work and report back as to how well these suggestions impacted on the client. Then, if there are continuing problems, perhaps process those through the group and go back with further suggestions until satisfactory goals were achieved, realistic goals were achieved. What we've developed, I think, is a reaction to the reality of the environment where, given one class period of 43 minutes to bring up kids—and that's bring up kids from the perspective of five or six different people once a week—just with those physical qualifications that I've given you, does that imply anything about how it in reality would work at this school? (Counselor 2, Interview, 1/18, p. 5)

Limited time forced individuals to focus on generating a decision rather than on sharing perceptions and ideas.

> When enough time isn't allotted for the support team, when the end result, coming to a decision, is viewed as more important than spending time discussing and batting this all about, I am disappointed. (Special Education Teacher 5, Interview, 3/10, p. 10)

It was impossible not to be aware of time. Meetings generally started two to ten minutes late; ringing bells usually announced the end of the meeting time. During the meeting, individuals aware of the scheduled agenda prompted closure by noting the need to move on to the next case.

Discussion also was restricted by the fact that other obligations often prohibited an individual's presence at the support team meeting. The writer observed occasions when discussion of a problem had to be postponed because a team member with necessary information was not in attendance. On other occasions, individuals left discussions in order to attend to other matters.

When a problem was not resolved quickly, there was a feeling that time was being wasted.

> I hate meeting and going over the same things, the same behaviors that we talked about two weeks ago. I think that's a waste of our time and theirs. (Teacher 1, Interview, 3/11, p. 4)

In one situation, a student who continued to present problems was being discussed at some length for the third time. One counselor noted that this was the third time that the greater portion of a support team meeting had been spent discussing this student, and suggested that perhaps they should discontinue discussing the student. In this counselor's opinion, the student had shown no effort and was consuming a great deal of support team time with no success.

EA&R meetings also were affected by time pressures. To make the best use of the program coordinator's time, several EA&R meetings usually were scheduled for the same day. Parents waiting for the next meeting created pressure to keep the preset schedule. Awareness of time contributed to focusing on specification of the appropriate placement level and completion of paperwork, rather than on in-depth discussion of the problem and possible teaching techniques or interventions which might help the student.

> I think that the EA&R is mostly bookkeeping work and they're kept to a minimum of time. . . . It seems to me that the EA&R is supposed to be a decision making meeting but the EA&R is used to

> get people together to get their signatures and to state exactly what's going to happen so everyone knows. (Special Education Teacher 5, Interview, 3/10, p. 6)

Collection of Information

Decisions made at meetings of all three teams were to be based on information accumulated. Discussion of time delays caused by data collection has been organized according to individual teams.

Support team. Discussion of teacher referrals was delayed because the problem supervisor was still collecting information, the problem supervisor did not give the problem emergency status, or other team members suggested that more information was needed.[3] One illustration of delay created by a perceived need for further information was provided in the case of Debbie (also see case of Sara, Chapter VI). This case also illustrated the time delays caused by lack of information and misperceptions.

Debbie was a student who received bilingual tutoring services. She was presented first in October when the problem supervisor expressed some concerns about these services. He also stated that he was:

> . . . going to pursue screening for special education placement for her. Her skills are very, very low and she is not responding to our tutoring attempts. I don't know if that is a result of our tutoring or just that her skills are very low. But I think that I am going to do that [pursue screening] after I check out the legalities of referring a child who is being seen by the bilingual tutor. I thought at first that we couldn't refer kids like that but we can. We can do cross services like that without any problem. (Excerpt from tape recording of support team meeting, 10/28)

The next discussion of Debbie took place during the first week of December. At this meeting, the problem supervisor reported that the bilingual tutoring had been terminated inadvertently for a period of time. The tutor had discontinued the service because of Debbie's large number of absences; but upon discovering that the absences were due to religious reasons, he had reinstated the service. Despite the tutoring, Debbie continued to receive failing grades. Wide Range Achievement Test (WRAT) scores revealed very low (4th and 7th percentiles) scores in Spelling and Math. Additionally, teachers had reported that Debbie's work was poor, that she understood concepts, and that she did poorly on Home Economics tests but did well on the projects.

When the problem supervisor had finished his report, the special education head teacher stated that they "had to be careful with bilingual or ethnic influences." The principal noted a similarity between this student and another bilingual student who recently had been placed in a special education program. The problem supervisor stated that he was just seeking direction from the group, whereupon the special education head teacher suggested that they needed feedback from the bilingual tutor. This prompted the principal, acting as chairperson, to state that Debbie would be placed on the agenda again in January, before the next reporting period, and that the problem supervisor would obtain a recommendation from the tutor. Meeting minutes stated: "Test results and teacher narrative presented. Bring up again with information from tutor, first January meeting."

At the first support team meeting in January, the assistant principal served as chairperson in the absence of the principal. He read Debbie's name from a list of students who had been placed on the agenda for follow-up information. The problem supervisor stated that Debbie was on the principal's waiting list for the end of the nine weeks. Minutes from this meeting subsequently read: "Wait till 9 weeks." Debbie eventually was referred for special education evaluation in April, six months after the first suggestion that she might benefit from such an evaluation.

Referral team. When a decision to refer a student for special education evaluation was made, implementation of that decision depended on the ability of the problem supervisor to collect the required referral data, which was a time consuming process.

> The amount of work that goes into a referral now is very time consuming. All the things that are required. . . . It's not just the green sheet anymore. (Middle Administrator 3, Interview, 12/8, p. 5)

> It's hard on teachers—what they are asking for and the process is still very long. Like they want teacher narratives on all the students, they want progress reports, they want rating scales. A lot of teachers feel like this is a bunch of crud and nothing is ever done to help them in the classroom with the student. (Special Education Teacher 8, Interview, 11/9, p. 4)

Some of the information required could be provided by the person preparing the packet, but much of it had to be provided by the classroom teachers. Teacher narratives and at least two completed rating scales were required from classroom teachers. Inclusion of achievement test scores generally entailed finding time to administer a WRAT, if this had not been done for the support team meeting. The nurse (who was assigned to the middle schools three days a week) had to screen the student for vision and hearing problems. A referral form providing demographic data had to be completed, and school records had to be reviewed. Finally, any additional supporting evidence needed to be documented and collected (e.g., in the case of behavior referrals, a formal behavior observation was required). The task of collecting data and preparing the packet was generally the responsibility of the problem supervisor. The amount of time and energy that this individual was able to devote to this task depended on his/her other unfinished assignments and time that others took to complete required forms.

In one school, additional time was required because the referral data were not collected until after the referral meeting. When the referral packet was complete, an additional meeting with the diagnostician had to be arranged. If the packet was not as complete as the diagnostician thought necessary, she could delay the referral still further or just accept the packet as it was.

> . . . Because then two weeks later or three weeks or some time afterward [after the referral meeting], that's when I get the actual referral. . . . Basically, what's been happening lately is that I'll come in and they'll [the referral packets] be here on my desk. This last time that happened and I ended up calling. I almost sent one back because I didn't feel that it was ready to reach the area office. I ended up taking it because I simply didn't want to stir up any more dust than has already been stirred up lately. (Middle Administrator 2, Interview, 3/22, p. 1)

EA&R committee. The timeliness of placement decisions was directly related to the amount of time needed to complete the evaluation and write the report. The ability to complete an evaluation depended on the number of referrals on the waiting list, the priority rating,[4] and the completion of the intake interview.[5] Intake interviews and testing almost always were completed at the area office during the work day. Provision was made for some Saturday testing; one diagnostician did try to do some testing at the school; and another diagnostician reported that she scheduled some parent intakes at the school. Scheduling appointments for parents and having the parents keep those appointments surfaced as a major deterrent to the completion of evaluations.

> Usually parent contact is the biggest hang-up, getting the kids here [to do the evaluation]. (Middle Administrator 5, Interview, 3/2, p. 13)
>
> The stumbling block in the system, I think, is the fact that the diagnostician is responsible to get permission to test, to bring the parent in, or somehow to track them down and get them to sign off on it. . . . I know some of the diagnosticians prefer to take their own case history. I think that's good, but when that assumption interferes with the whole process, then we need to examine how necessary that is relative to the other necessity—that the diagnostic process begin. I had to go to K-Mart to get a woman to sign a permission to test form. I had to track her down at work. I had a guy next to me trying to buy a fishing rod while I was taking a case history. (Middle Administrator 4, Interview, 3/4, pp. 5 & 6)
>
> I find myself getting frustrated with some individual kinds of things like a lack of knowledge on the part of the general public. You make an appointment with a parent to be at a school at a certain time. You travel to that school and they don't show up.

> Then they show up an hour later, expecting you to be at the school. They don't understand that you are not based at the school. They just assume you are going to be there all the time. (Middle Administrator 2, Interview, 11/9, p. 6)

When the testing was completed, the report had to be typed. Use of word processing equipment had been implemented completely in one area office and was in the process of implementation in the other areas. This reportedly decreased the time needed for typing a report. However, it was still necessary to allow about a two-week period for typing.

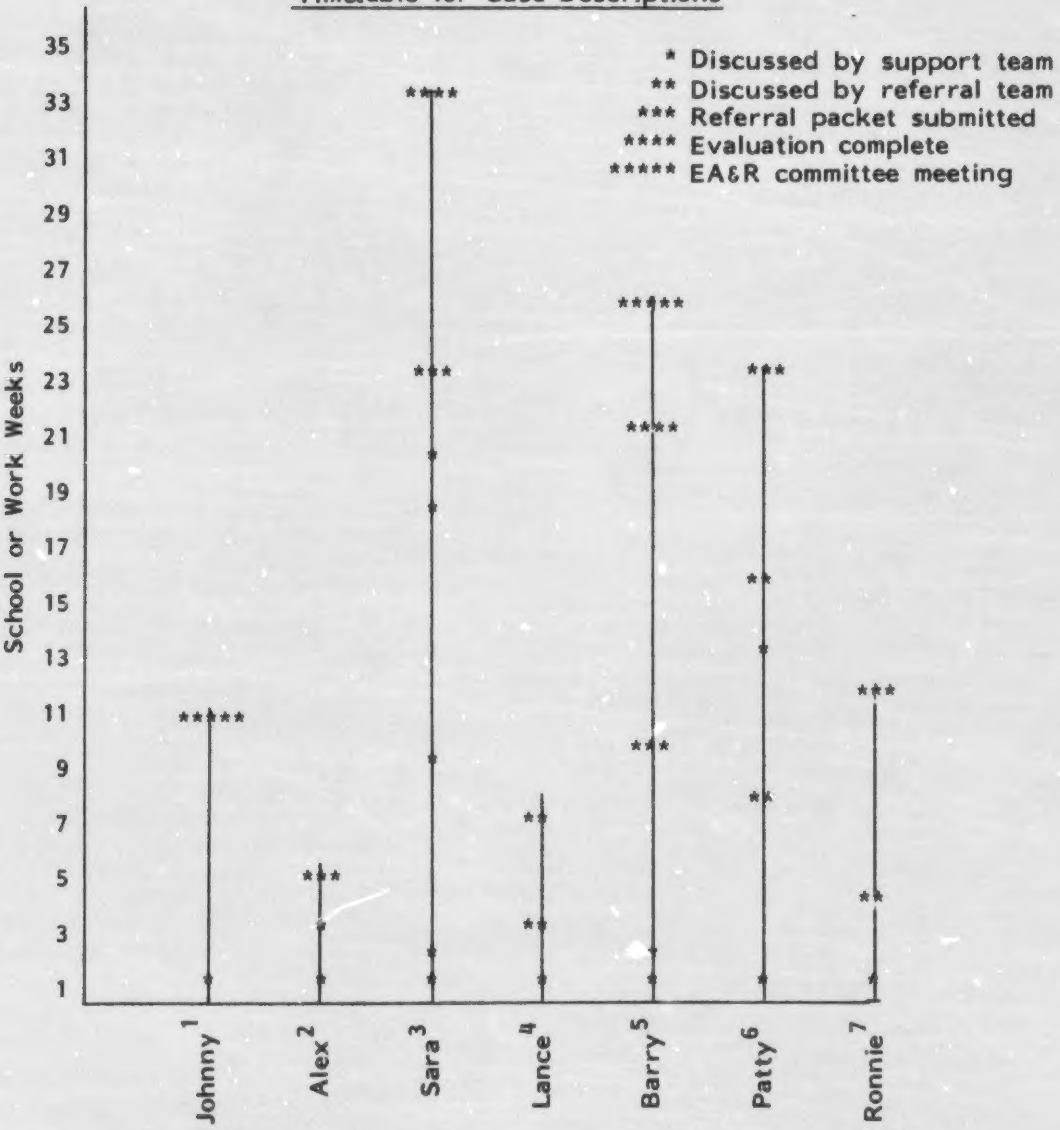
> The report is written and hopefully typed. We get them back within about ten days. We also are the only area that uses the computer thing, the Jacard. We all have formats that go in that . . . and then they just run your format and fill it in. . . . We have one secretary working for twelve diagnosticians. . . . Ten days is a long time for our turn around. . . . But the other areas can't believe it. When I go to these meetings with the director, it's like a month, six weeks, to get reports back. (Middle Administrator 5, Interview, 3/2, p. 9)

Timetable for Case Descriptions

The limited amount of time available, juxtaposed with the limited amount of attention an individual could devote to procedural requirements, resulted in a lengthy identification through placement process. Table 2 has illustrated the time elapsed in decision making regarding students in the case descriptions found in Chapter VI. When reading this table, it is important to note that the time between referral to the problem supervisor and discussion by support team has not been included. This has been because of

TABLE 2

Timetable for Case Descriptions



1. Dates for in-between steps unavailable.
2. No further action taken because student moved out of state.
3. Date of EA&R unavailable. Since the evaluation was reported as complete at the beginning of the last month of school, it can be assumed that placement did not begin until the following school year.

TABLE 2, continued

4. No further action required.
5. EA&R committee met at the end of the school year. Placement was scheduled to begin the following year.
6. Last date available was for mid-March. At that time, an evaluation date was not yet scheduled.
7. The last date was an estimate based on available data. The earliest that the referral packet could have been submitted would have been during the eleventh week.

lack of specific dates denoting when the problem supervisor was informed of the student's problem.[6] Adding this factor would extend the total time by one to four weeks.

The case of Lance has shown the shortest period of time (six weeks) from the first discussion until the final decision. In this case, the second referral team discussion reported the success of an intervention implemented during the previous weeks. The case of Johnny has reflected the shortest time for a special education placement decision, with a total of 11 weeks, or approximately three months. The longest time has been depicted in the case of Sara, where at the thirty-third week the evaluation was reported as complete; however, the placement decision still was not final since the EA&R committee had not met.[7]

An ideal interpretation of the written procedures allowed for a minimum of five weeks (one week for each of the six steps) from identification to placement. Excluding the case of Lance, who never was referred for special education evaluation, and the case of Alex, who moved before evaluation, Table 2 has revealed that generally a minimum of 12 weeks (add one week minimum for referral to support team in the case of Johnny) elapsed between identification and placement.

Summary

This chapter has explored how time influenced the identification through placement process for special education students. Two assumptions about time and written procedures were identified: 1) procedures presumably have reflected the most efficient use of time, and 2) procedures presumably have reflected steps that can be carried out within the given work schedule. Analysis of data collected for this study has raised questions regarding these assumptions.

The work schedules in the three schools were not compatible with the requirements of team decision making or with an efficient implementation of procedural steps. There was very little common meeting time available, and the time that was provided did not appear to accommodate the time requirements for group decision making. Subsequently, team membership, the number of meetings, the number of problems discussed, and the quality of the discussions were all affected. Another consideration associated with the limited work schedule was the fact that many other work demands (e.g., classroom teaching, discipline, planning, curriculum development), as well as outside interests (e.g., coaching basketball, picking up children from the baby sitter), competed for team members' attention and affected the amount of time devoted to problem solving and data collection. When a referral for special education evaluation was submitted, waiting lists, scheduling the parent intake, administration of tests, and typing reports added to the total time needed for carrying out procedural requirements. A waiting period varying from 12 to 33 weeks could pass before an intervention suitable to a student's needs was implemented. In the meantime, the student remained in the classroom under the same conditions as when the problem was first identified.

> The length of time it takes—to see a child and know they are just floundering and having to wait six months for a child to be placed is just unmerciful to that child because they have to go through another six months of failure. (Teacher 12, Interview, 3/11, p. 8)

NOTES

1. A new set of State Standards for Special Education (July, 1982) was adopted after data collection was terminated. These new Standards required that all evaluations and placement decisions must be completed within 45 calendar days.

2. This number may have been influenced by the writer's presence. This was the first meeting observed by the writer, which may have heightened the principal's concern with attendance at the meeting.

3. Further discussion of the influence of information has been included in Chapter VIII. This chapter has included a brief discussion of information only as it related to time.

4. Priority I evaluations were evaluated as soon as they could be scheduled.

5. Intake interviews were required with all parents prior to evaluation. The intake involved interviewing parents to obtain background information, ascertain language dominance, and secure written permission to test.

6. Teachers made referrals to a counselor or to the special education head teacher during the school day whenever they had an opportunity. The writer was not stationed at the schools and was unable to observe this. School records on a student referral began with the support team discussion.

7. The total number of school days per year was 180, which is the equivalent of 36 weeks. The case of Sara took a total time period of one school year.

CHAPTER VIII

Decisions Were Influenced by Information Flow

Maier (1967) has suggested that the use of teams in the decision making process increases the knowledge base and the opportunities for input from various perspectives. Team decision making was encouraged by Bradley and Howe (1980) to assure better decisions through consideration of all aspects of an identified problem. This would occur through following conventional decision making steps. These steps have included: clarifying problems, thinking of all possible solutions, examining all possible consequences of each solution, and selecting the solution most likely to solve the problem (Lindbloom, 1971). The ability of a team to use these steps effectively and to make appropriate decisions has depended on the availability and use of information and on the skill of team members in implementing problem solving techniques.

Special Education Decisions and Information

Much of the change which has occurred within the field of special education has resulted from public pressures. These pressures came primarily from accusations that students were placed in special education classes on the basis of minimal information (Martin, 1980; Mercer, 1975). From such pressures, a renewed interest in the special education diagnostic and placement process evolved. Thus greater emphasis was placed on data collection and on use of this broader information base (Martin, 1980; Mercer, 1975; Swanson & Watson, 1982; Ysseldyke & Regan, 1980).

Information identified as important for making special education decisions has included teacher-provided data, family data, and test data. Teacher data have included such items as anecdotal records, evaluation reports, work samples, rating scales, and informal or formal observations. Family data have included developmental information about the student. Standardized tests have provided test data.

Because of the importance placed on using a broad base of information, special education identification through placement procedures presumably would emphasize data collection and its use throughout the decision making process. Since the amount of information available would increase at each step, presumably all new and old information would be used as new decisions were made in the process.

Written Procedures

In the written procedures for District 112, special education identification through placement began with a referral to the school support team. There was no mention of how this was to be accomplished, through an oral or a written communication. The support team was to discuss the problem and to select an intervention designed to alleviate it. A description of data or information useful to the support team in making decisions was not included in the written procedures. The procedures did state that a record of interventions and results was to be maintained and included in the data for special education evaluation referrals.

The next step in the process involved discussion by the referral team in order to determine the appropriateness of special education evaluation. Specific information to be considered by the referral team was not delineated. However, a list of data required in the referral packet to be delivered to the area office was provided.

Team membership was suggested for each of these two teams. The only required member was the diagnostician, who chaired the referral team meeting. The individual who first identified and had referred the student to the support team was not required to be a member of either team. Thus, it could be assumed that necessary information would be relayed by someone else; but the means for ensuring that this was carried out was not addressed.

The third step in the process involved the evaluation, or the administration of tests. A diagnostician, not necessarily the same one who attended the referral meeting, was assigned this task. Using the information included in the packet and the test data, the diagnostician wrote a report which included an eligibility statement.

The fourth and final step was the placement decision, which was the responsibility of the Educational, Appraisal, and Review (EA&R) committee. Again, team membership was suggested, but only the area program coordinator was designated as a required member. The written procedures specified that the EA&R committee was to consider all relevant data, but did not define relevant data.

The Observed Flow of Information

Access to information has been regarded as essential to any decision making process, since the individuals involved in the process presumably base their decisions on available information. In addition to having information about the problem, individuals have been encouraged to understand the process in order to define their goals and responsibilities (Fenton, Yoshida, Maxwell, & Kaufman, 1979). Knowledge of the goals of the process would lead to an increased awareness of the types of information pertinent to achieving those goals.

Analysis of data collected for this research has indicated that there were several ways in which the flow of information might influence decisions. First, a lack of general information about the special education identification through placement process and procedures was apparent. Second, information about interventions, both in terms of implementation suggestions and results, was limited. Third, that information which was collected and available often went unused, resulting in decisions which were based on vague general statements. Each of these observations has been discussed individually.

Information About the Process

Clearly defined goals which are understood equally by all persons involved have been cited as a component of better decision making (Fenton, Yoshida, Maxwell, & Kaufman, 1979). Also, each individual must be informed about the decision making procedures in order to meet such goals. This would appear important to the administrator responsible for supervision as well as to each participant contributing to the process. In an effort to present the data in this section in the clearest possible manner, two separate aspects have been discussed: 1) information channels, and 2) knowledge among teachers.

Information channels. Information relating to special education reached the area superintendent's office from either the district special education office or the area special education office. From there it was disseminated to the principal, either by memo or by direct communication at the monthly principals' meeting. Principals were responsible for the supervision of all school programs and for all decisions made in their schools. Thus, it was necessary that the principal be well informed about the identification through placement process. The following comments of two school administrators have indicated the manner in which they obtained information and the completeness of that information.

> I usually go to the special education head teacher, but the official person is the program coordinator. . . . I depend on her if we are doing something wrong . . . usually [receive information] through the program coordinator or memorandum. . . . The

> district director would sometimes come to our meetings and talk to us and give us a handout. . . . Just different ways that it comes about. Depends on how important it is to them at the time. . . . I don't [have any control] about how information comes to me. I guess I could take it upon myself to do it. I inquire just enough to have a little bit of knowledge about it to keep out of trouble. (School Administrator 1, Interview, 11/5, pp. 3 & 4)

> They call them head teacher meetings and they give them all the policies. Sometimes they send them to the principals and sometimes they don't. Your head teacher is supposed to tell you this. So you are basically listening to your head teacher's interpretation of what they thought the people at the area office said. But we have very little actual direct communication, from my opinion, on what is and is not legal. . . . The special education head coordinator for the area office is sometimes on the agenda for the principals' meeting. You've been to principals' meetings. They're like two and a half hour marathons with an inch and a half ream of paper. It is just one more person talking to you about something you should know. It's not, once again, a definite, concise time with principals. (School Administrator 3, Interview, 11/4, pp. 7 & 8)

Monthly meetings were held to disseminate information to the special education head teachers, who were responsible for informing the remainder of the school's special education staff. Dissatisfaction occurred when information was not shared.

> The coordinators let the diagnosticians know. The diagnosticians let us know. Lots of times things have gone through our head special education teacher, and I haven't been told about it, and then I find out later that I'm supposed to have this or that and that's the kind of problem that we came up against last year, too. Information is not relayed on. It makes it tough. Especially when you find out later on that you were supposed to do this or that and you are in violation of the regulations or something. (Special Education Teacher 8, Interview, 11/9, p. 8)

Regular classroom teachers were the least informed about special education, and often did not receive information about special education procedures.

> Special education teachers get it from the head teacher meetings that they have once a month and supposedly they are supposed to go back and share that information with the rest of the special education faculty. As far as the regular class teachers receiving information about special education and diagnosticians, it's sort of hit and miss. When the school feels the need to fill their teachers in on something they will and if they don't, they don't. (Middle Administrator 3, Interview, 11/9, p. 6)

> Supposedly the head of special education [is responsible for informing teachers]. I haven't seen it happen, though. A lot of token information is given. Some teachers are willing to learn but they don't understand the problems. At least teachers are aware. It's cloudy, but they are aware that there is some place to refer students who need help. If you go and ask teachers what reasons they are referring, teachers are aware that there is some place to refer kids having problems without exactly knowing why they are referring. Having a department head is a strength, depending on how it is used. (Special Education Teacher 1, Interview, 2/16, pp. 2 & 3)

Finally, counselors needed to be informed, since they played a critical role in the decision making process. Because of their active involvement with the process, counselors were well aware of its procedural aspects. However, much of the skill needed for decision making regarding students and special education was acquired on the job, not through training or inservice, but through trial and error while working with the process.

> It wasn't [described to me]. When I came in, I guess they thought I knew [the process]. When

> it was brought to me, a referral of a student, then I did my homework and found out what I had to do with this. (Counselor 3, Interview, 11/5, p. 8)
>
> The information that we got was mainly through the members of the support team [using the term support team to mean support staff, such as special education staff]. I saw the process work. I saw how students are referred and how students are tested and how they're accepted or not accepted into the special education program. (Counselor 1, Interview, 2/1, p. 4)

Some information about the decision making process and identification through placement procedures was disseminated through formal channels. However, much of the information regarding the purpose and reasons behind the procedures was relayed informally. This informal dissemination of information depended on two variables: 1) the amount of effort an individual put into seeking out the information, and 2) the amount of effort an informed individual put into disseminating it.

Knowledge among teachers. A great deal of emphasis has been placed on teacher involvement in the identification and placement of special education students (Ysseldyke, Algozzine, & Thurlow, 1980). Yet data collected for this study revealed that teachers appeared to be the least informed about the process, despite being asked to contribute information. All teachers knew that they could discuss student concerns with either the counselors or the special education head teachers; however, their knowledge of the entire process was limited. When teachers were members of the support team, they were familiar with this step, but they indicated that they did not believe they were influential in special education decisions. Teachers who were not involved as team members had minimal knowledge of the support team. This could explain why 41% of teachers who participated in a district evaluation survey replied that they did not know what a support team was (Diaz, 1981).

Teachers who participated as support team members knew that the support team discussed student problems, but they were uncertain of what occurred beyond the meeting.

> OK, now I have to pick up the form from the office. One-half is how you see his behavior and the other one is how you view his academic skills. OK, then there is another, what's the name of the test where you have one, two, three, four, five, in order of how severe problems are, and there is a whole list where you circle. . . . A rating scale, yeah. So that as a regular classroom teacher that's as far as I go really unless they call a staff meeting and we discuss the problem with the parent or with the administration. . . . I don't know what happens after that. . . . That's as far as I go. That's my complete involvement with special education. (Teacher 17, Interview, 2/16, pp. 3 & 4)

Thus, general education teachers did not indicate involvement in decision making beyond submission of a referral or attendance at a support team meeting. (In this paper, interview excerpts depicting dialogue were written using the following: interviewer [I], teacher [T], and special education teacher [ST].)

> I: You've talked about referring the student or picking the students out of your class who need help. Do you have any part in anything beyond that?
> T: No, not really.
> I: Do you have any involvement in deciding if a

> student gets placed in special education?
> T: Just by the referral or the support team meeting. (Teacher 6, Interview, 2/16, p. 4)

These teachers were aware that students had to be tested and that the process was lengthy. Even though they were asked to fill out forms and provide information, they did not associate their input with involvement in decision making, nor did they know how decisions were made.

> That's my presumption [that all students who are referred by the teacher are referred on to the diagnostician]. I don't know for sure. We have previously asked—sometimes there are communication problems within the school—we have previously asked that we get a monthly report from special ed as to the status [of referrals]. (Teacher 7, Interview, 3/9, p. 3)

> Well, it would be nice to have more teacher input if possible. I don't really know how we could go about doing it, but more teacher input into who gets referred first, like a priority type basis. Because I think the classroom teachers are the ones that see these kids the most often and can recognize their needs. It's not just one teacher that thinks, well, this kid really needs help. It's usually all of them that can see it. And I've heard a lot, well, why does this kid have resource room and even oral language speech and hearing? Why is he in here? He doesn't have any problems that I can see. Whereas this kid who really needs the help can't get in. (Teacher 6, Interview, 2/16, p. 7)

One of the three schools did not include teachers as support team members. At this school, teachers referred students with problems to a counselor. If warranted, the counselor would present the problem to the support team. The counselors reported that they used the information from teachers to decide whether it was necessary to present a given student to the support team and to help decide on a solution to the problem. Teachers interviewed at this school showed little knowledge of the support team's purpose, function, or decisions.

> All I do from that point is talk to the counselor, and what they do I really don't understand. I don't know what process they go through. . . . I really have no idea. I don't know what they do. I guess they just discuss about whether there is enough evidence to support testing. (Teacher 13, Interview, 3/2, pp. 1 & 2)
>
> I don't have the slightest idea. We don't get reports from them. We don't know what they do. And they do different things under different principals, too. I don't know. Once in a while we hear them talking about, well, we discussed so and so in the support team today, but I don't know, we don't get minutes from their meetings. (Teacher 14, Interview, 3/2, p. 2)
>
> I: What role does the support team play?
> T: Are you referring to the counseling staff as well as reading teachers?
> I: I'm referring to your support team. You have a support team.
> T: Which consists of, as I understand it, the counselors, the reading specialists. . . .
> I: Special education representatives. . . .
> T: I don't think our school has a special ed person, do we?
> I: Yes, your department chair.
> T: Of the special ed program? Oh, I see. You know, when it gets to that point I don't know what happens. It seems like after the parent conference with the counselor and the parents and testing is done, it's out of—it's taken away from the teacher. It's not my decision any more. (Teacher 8, Interview, 3/2, p. 2)

These teachers, like those who were support team members, knew that testing was involved, and some mentioned that they filled out rating scales. However, the steps in decision making were not clear to them, and the teachers did not think that they played a major part in the decisions.

> Well, it's bewildering. That's my impression. Something that I don't understand and I get so tied up in red tape and papers and forms that I really don't know what it entails. Like I say, I go to one spot and I give them a name and my information, and then my end of it is through. (Teacher 13, Interview, 3/2, p. 6)

> I: Do you know what happens to a student after they are referred for testing?
> T: I'm sure that I have been told but I don't. It's not something that I think a lot about in a sense. We have had meetings in which the special education department people have shared with us a little bit about the procedure. . . . The diagnosticians do the testing and come out; some of it is done here and others is done—I don't know, I get the impression that students go in. I don't know if that's when it is initiated by somebody other than the support team. (Teacher 15, Interview, 3/2, p. 2)

> I: Are you familiar with an EA&R?
> T: No. I'm not familiar with most of the tests that the diagnostician gives.
> I: No, that's not a test, that's a committee meeting for placing kids.
> T: You mean for the school, they get together. Yes, I know when we turn in these reports that we do and they say where they will be discussing that.
> I: OK, that's a support team meeting.
> T: See, I don't know anything after that.
> (Teacher 16, Interview, 3/1, p. 4)

> I: Who makes the final decision to refer for special education testing?
> T: I have no idea.
> I: Who makes the decision to place the student in special education?
> T: I have no idea. You know, all I hear is he doesn't qualify.
> (Teacher 9, Interview, 3/2, p. 6)

Interviews with teachers revealed that they were only vaguely familiar with the special education identification through placement process. They knew that the process included some testing; they reported that they completed forms on students; but they did not know how information was used. Those who served as support team members knew more about the support team than did non-members; nevertheless, no teachers described themselves as having much influence over, or involvement in, decision making.

Information About Intervention Implementation and Results

The teachers needed to be informed about the decisions made by the support team if interventions involved activities in their classrooms. Teachers who were support team members were expected to know the decision that had been made and, where appropriate, to implement it. Nevertheless, implementation depended on individual perceptions of what was to happen and information breakdowns still occurred. The decision made at one support team meeting was that the child in question would carry a form to all of her classes and she would have each teacher sign the form when she had carried out her part of the agreement. At the referral meeting, the problem supervisor reported that the student seemed to be doing better since this had been implemented. This surprised teachers, since one had never seen the form and others stated that they had seen the form only once or twice.

In another case, a support team meeting was called to share the results of two separate psychological consultations held with a student at the area office. Using the information gleaned from the consultation, the support team discussed ways in which teachers could help build this student's self-confidence. A few weeks later, the referring teacher told the writer that she thought the support team suggestions had worked for a while. However, as a result of not being able to follow up with further discussion of the problem and of the progress made, momentum had been lost and teachers were becoming lax in following their own suggestions. Once the intervention decision was made, there was no formal opportunity to share results, to discuss modifications, or to reinforce teachers' efforts.

> . . . That's where I'm feeling the lack of success, though, because all the teachers weren't involved with that process. Consequently, I mean if you sat through a psychological with a child and a parent and see people cry and get upset and hurt with pain inside, and I sat through five and a half hours, two psychologicals with this family. It was excruciating. It was painful. It went into some very personal kinds of family relationships. It is engraved in my mind so that when I work with this student I think twice before I say or do anything with her. That information I cannot share. Consequently, the effect is not the same in her other classes. . . . If you were not as an adult or as a teacher reinforced, you would go right back to your old behavior because you have a hundred and sixty kids and she is no longer top priority. She was making some improvement, so consequently you push her aside again. You forget about the need to give her more positive reinforcement, to build her self-image. . . . That's why I feel the need for constant reinforcement and I don't feel that it is built into the system. . . . It goes to the referral team after support team. We reported to referral team last month that we were going to continue with the behavior progress and counseling with parents. But that doesn't say anything, really, about the teachers' interaction with the child. That needs to be an additional step, in my

> opinion, to keep that reinforcement going throughout the year. (Teacher 12, Interview, 3/11, pp. 6 & 7)

Often a support team intervention decision was to prepare a referral for special education evaluation. Such a decision generally was not accompanied by any other intervention plan, but merely required collecting referral data. Once in a while a modified teaching strategy was suggested for teachers to use while waiting for the test results. No plan was drawn up for sharing ideas or for helping teachers use the suggestion in their classrooms. In one case (see case of Patty, Chapter VI), a suggestion to pair the student with another student was never reinforced, despite the fact that it arose from one teacher's report on how Patty had achieved success in her classroom. Later, a test given at the school revealed that this student was probably a visual learner. Teachers were advised to meet and discuss ways in which they might use this information; but no meeting took place and no idea sharing, follow-up, or reinforcement of ideas were ever pursued.

When a student's teachers were not involved in the support team, a team member was responsible for sharing information with the teachers. There were no formal procedures for this, and distributing copies of agendas or minutes raised concerns regarding confidentiality issues.

> Well, they were sending out a little bit of information and we got into the confidentiality of information that was on it. (School Administrator 1, Interview 1, 3/25, p. 1)

Responsibility for reporting to teachers fell to the problem supervisor, usually the counselor.

> Sometimes we'll get back to them and let them know the progress of the referral. That's usually the counselor. Once in a while they will bring it to me, and if they do, then I will let them know. (School Administrator 4, Interview, 3/25, p. 13)
>
> Much of it [communication to the teachers] is through the counselors, not always. It could be through me or it could be whoever initiated the thing. . . . It is usually the counselors, though, I would say in 80% of the cases. (School Administrator 1, Interview, 3/25, p. 3)

Supposedly, information on the support team discussion and planned intervention was shared with teachers.

> I: When a teacher comes to you with a referral and you go to the support team, do you give them feedback after every support team meeting concerning what was discussed and what happened on that student?
> C: Yeah.
> I: And do you do that in writing all the time, or informally?
> C: No, informal. The only time that I do that in writing is when we have had an EA&R and the student is going to be placed so and so, or I'll tell them he did not get the placement we wanted. (Counselor 5, Interview 2, 3/25, p. 4).

Contrary to this report, classroom teachers stated that they received little or no information from the support team. The information they did receive they felt was obtained by their own initiative.

> I: Does the support team get back to you as to what they've decided?
> T: About the only thing that comes to me is if he won't be in that particular class anymore. I mean, I don't know that I recall having seen any particular official form or information.

I: If you initiate the referral, do they get back to you?
T: If I initiate it, I would probably follow up, that would be more likely. I don't know who is doing that, what the response is, whether I would get something on it because I usually eventually follow through.
(Teacher 15, Interview, 3/2, p. 2)

I: If the support team decides that a student does not qualify or does not need special ed, what kinds of things are done?
T: Well, usually nothing unless I really bug them.
I: Do they come back with suggestions for you?
T: I have never gotten a suggestion back in writing specifically what to do with that child.
(Teacher 9, Interview, 3/2, p. 2)

I: Do you get feedback?
T: No, not unless we ask.
(Teacher 13, Interview, 3/2, p. 2)

There were no established procedures in any of the observed schools for obtaining follow-up information concerning support team decisions and interventions. Intervention information appeared to be shared in a hit or miss fashion. Those who took the initiative to pursue information received it; but if other concerns diverted attention from the problem, the classroom teacher might continue for long periods of time without feedback.

Information Shared at Team Meetings

Supposedly, decisions made about students in the special education identification through placement process were based on data presented at the meetings. Data analysis has suggested that, even though data were available for decision making, they were rarely shared at meetings. Discussion of this observation has been organized according to team. Case descriptions in Chapter VI have provided examples of team meetings and the information presented at them.

Support team. The problem supervisor was responsible for collecting background information and for sharing this with the support team. Sources of information included teacher reports, cumulative folder data, Comprehensive Test of Basic Skills (CTBS) scores, Wide Range Achievement Test (WRAT) scores, or information from supplementary services, such as Title I reading or bilingual tutoring. The most frequently noted sources of information were teacher reports and WRAT scores.

Teacher reports were brought to support team meetings, but no one asked to read them. Team members relied on the problem supervisor to summarize and interpret teacher statements about the problem, as noted in informal conversations and written reports, and in the test scores. Supplemental information was provided if another team member was familiar with the student and reported a personal experience.

Most of the information shared at support team meetings described student behavior but excluded teaching techniques or interventions used with the students. Descriptions of student performance were presented in general terms, such as "the student is doing poorly," "teachers report academic problems but not any behavior problems," "the student is failing almost every subject," or "Ms. X reports that he is doing OK for her, while Mr. C says he is failing for him." (See case descriptions in Chapter VI.)

Examples of work were not used except in two meetings where a teacher had brought work samples. In one school, emphasis was placed on WRAT percentile scores, but discussion of how the student had solved problems on the test was not pursued. At another school, reading test scores and reading grade levels sometimes were shared, but this usually occurred only after a decision had been reached.

The cases in Chapter VI have provided specific examples of information used in support team meetings. In the case of Alex, a decision to refer him for special education evaluation was made without any discussion of the results of a language evaluation, even though the decision was based on the language evaluator's recommendation. Additionally, a reference from an earlier support team meeting had indicated that the language assessment would provide insights for classroom teachers. This was never pursued after the assessment was complete. In the case of Johnny, each teacher present shared his/her own experience with Johnny in the classroom, but this information was not used to make the decision. The decision to refer had been made prior to the meeting and no other options were discussed. Patty's case revealed that reading test data were shared only after the referral decision had been made. The case of Sara was delayed because of inability to secure information. In all observed cases, exploration of inconsistencies in, and reasons for, a student's actions were noticeably missing.

Referral team. As described in earlier chapters, the purpose of the referral team was to process support team recommendations for special education evaluation referrals. This was the diagnostician's introduction to a given case. At referral meetings in two schools, the problem supervisor presented the packet to the diagnostician with a very brief summary of the problem. This summary included general statements about WRAT scores, statements describing information in the packet, and a statement of the reason for referral by the support team. The following excerpt from a referral meeting constituted a sample of a typical summation. (See case of Alex, Chapter VI, for further background on this case.)

> This is the folder of Alex. He's an eighth grade boy who is new to us this year. He is from Texas. He is living with his aunt and has some low scores. [The diagnostician asked, "Bilingual?"] That's really what prompted the referral. The person who does the testing for bilingual out of the area office strongly suggested that we get more information on him from what he may have picked up during his testing. But he is not bilingual. As you can see, he has some deficient skills as recorded on the WRAT and he is not doing very well in most of his classes. I'm sending him on to you as an LD referral. [The only additional question asked concerned the aunt's power of attorney. Otherwise, this was the extent of the discussion on Alex.] (Excerpt from tape recording of referral meeting, 1/18)

Discussion focused on justifying the referral on the basis of low WRAT scores and a suggestion by the bilingual assessor. No specific examples of classroom work or teacher interventions were shared. During this brief explanation, the diagnostician scanned the packet to make certain that all information required for an LD referral had been included.

At one school, referral meetings were used as a monthly review of support team meetings. Referral team membership was the same as that of the support team, with the addition of the diagnostician and the principal. Meetings served as an opportunity for formal approval of the support team's decision to pursue a special education evaluation. Input or advice from the diagnostician were not sought. Data for the referral packet were collected after the meeting and delivered to the diagnostician at some later date.

In all situations, the diagnostician relied on written referral information. Even when teachers were included in the referral meeting, discussions yielded little information (see case of Patty, Chapter VI). Diagnosticians did not have an opportunity to discuss the problem with the referring teachers. Written teacher narratives often were not specific or detailed.

> . . . the teacher narratives on the previous re-evaluation packets were just real sketchy. They didn't contain a whole lot of information that was of any value. (Middle Administrator 2, Interview, 3/22, p. 2)

The emphasis of the referral meeting was on checking the packet for required information rather than on obtaining additional firsthand information. Emphasis also was on reporting support team decisions rather than discussing student problems or exhibited characteristics. The referral team meeting was the diagnostician's major vehicle for contact with school personnel, but it did not provide the diagnostician with much opportunity for dialogue with them. As one diagnostician put it:

> The referral meeting needs more parent involvement and it needs more school involvement. It shouldn't be just one teacher handing over forms and checking off to see if vision and hearing is done. There should be some real discussion about what's going on with the student and there should be a real case work for the kid having some kind of a handicapping condition. (Middle Administrator 4, Interview, 3/4, p. 10)

The referral meeting undoubtedly increased efficiency, because when the diagnostician reviewed the referral packet for missing information, there was less of a chance that it would be forwarded to the area office only to be returned to the school. Another move toward efficiency was to assign referrals to diagnosticians on the basis of caseload rather than school and to administer tests at the area office. While the system may have proved more efficient, information gleaned through conversation and observation while working at the school was lost.

> I think that the referrals get processed in a more orderly manner and I don't hear people being quite as uptight about what's happening. I am more removed because I'm not in the school all the time. When you go to the school, you get a lot more conversation going, and I miss that in one way. But I'm more efficient by not being involved in that. (Middle Administrator 5, Interview, 3/2, p. 11)

EA&R committee. When the diagnostician had completed the testing and interpreted the results to the parents, the student referral was ready for the EA&R committee. At this point, the diagnostician was removed from any further involvement; the program coordinator assumed the leader role. This meant that the program coordinator had to be informed that the testing was finished. All diagnosticians reported that, when an evaluation was complete, a form was sent to the program coordinator indicating that both testing and interpretation of the results to the students' parents had been completed. A smooth transition of the case from the diagnostician to the program coordinator depended on clear communication between the two individuals.

> . . . you feel like sometimes, unless you've got good diagnosticians who really keep you involved, you can have surprises at the EA&Rs. That hasn't happened much this year. They've really done a good job. . . . So it's worked out fairly well as long as the diagnosticians keep us informed, you know, pertinent information that we need to have beforehand. (Middle Administrator 3, Interview, 12/8, p. 1)

Information gleaned from the evaluation was transmitted through the diagnostician's written report. The diagnostician thus had to trust that the report was comprehensive enough to provide adequate information to the EA&R committee, and that it actually was read.

> The very biggest concern to me is not being involved in the EA&Rs because I always have the feeling that no one has read the report. And there are so many subtle things you learn in testing about the child that could be directly transmitted to the teacher at that time that the coordinator doesn't know. There is no way they could know. The parent has heard you say it, but they don't know how to restate it. You can't go into that much detail, plus it's probably not really read that thoroughly. (Middle Administrator 5, Interview, 3/2, p. 11)

It was reported that occasionally, because of a backlog in typing, program coordinators conducted EA&R meetings without the full report.

> The only problem that we are running into is coordinators would like to have the report in hand when they do the EA&R, which is reasonable because I have included a list of recommendations. I have not made any statement as to program placement but there is a statement of eligibility. There are recommendations. The coordinator doesn't have the report and here I've put all this work into writing up my test results, making some recommendations, and so on. Yet it really at this point is all for naught because by the time the report is placed in the folder, the EA&R has already been done. (Middle Administrator 2, Interview, 11/9, p. 4)

Program coordinators generally did not have time to review the report until the EA&R meeting. Reports were said to be accessible before the EA&R, but the program coordinator relied on the diagnostician to alert him/her to any special problems.

> I have access to it. And if there is a problem that I need to talk to the diagnostician about, they give me that information too. (Middle Administrator 3, Interview, 12/8, p. 7)

Sometimes the program coordinator noted a specific point which had been made by the diagnostician, thus indicating that the diagnostician had discussed the case with the program coordinator. At other times, the program coordinator was observed reading through the diagnostic report and asking school personnel questions about the case before formally starting the meeting.

All diagnostic reports followed a similar format and included the names of tests administered, the test scores, the test results, recommended teaching strategies, and a statement of eligibility. Because the full report included test scores, this report was returned to the area office after the EA&R meeting. A summary report including the names of the tests, the eligibility statement, and the recommended teaching strategies was sent to the school. At times these abbreviated diagnostic reports were received by the school in time for the EA&R meeting; on other occasions, they were received by the school after the EA&R meeting had taken place.

Unless a teacher had made special arrangements to review folders at the area office, the EA&R meeting provided the only opportunity for school personnel to read the full report. It was very likely that the only time that receiving special education teachers would read the full report was at the EA&R meeting if they attended. Sometimes the special education teachers received the summary report in time to use it as a base from which to develop the Individualized Education Program (IEP). However, the lack of available information at the school level constituted a point of frustration.

> One thing that really upsets me is that the information is so secretive and so remote from the school that it is not of any value really to the people who are working with the student, whether they are in special education or not. The fact that they have all these tests and records . . . and if I were a parent, I would be upset if the people who were working with my child didn't have access to this information. (Counselor 4, Interview, 3/7, p. 5)

The major focus of observed EA&R meetings was on determining eligibility and program placement. The major item of interest in the diagnostician's report was the student's eligibility for a program, rather than the information that could be gleaned from the evaluation to design a better program for the student. After the EA&R placement decision had been made, no further discussions were scheduled to share the implications of the evaluation with classroom teachers.

> I don't think that that information [the diagnostician's report] is discussed because the interest is in getting the child into a program where he can function. Even though the support team is a pretty specific group, I don't think it's of general interest, like—oh, this child has a serious auditory processing problem, isn't that fascinating. What's fascinating is does he qualify or does he not. If he doesn't, then what are you going to do? (Special Education Teacher 5, Interview, 3/10, pp. 7 & 8)

Summary

Information has been essential to the special education identification through placement process in several ways. First, information and knowledge about the decision making process have been observed to clarify goals and to develop awareness of data needed by all personnel in order to make appropriate decisions. Second, sharing information about prior interventions and collecting follow-up information after implementing a new intervention has been important to assessing success and to maintaining progress. Third, specific information on the student has been necessary for deciding on the best remedy for his/her particular problem.

The written procedures for special education identification through placement for District 112 required information to be maintained. First, a record of interventions and their results was to be maintained by the support team and included in a referral for special education evaluation. Second, the material required for a special education evaluation referral packet was specified. No reference was made to types of information which might be useful for making support team decisions. Neither was there any reference to specific teacher data which could be helpful in the diagnostic process.

Data analysis has revealed that, throughout the district, formal channels had been established for disseminating information. However, in-depth understanding of the purpose or rationale for these procedural requirements appeared to be relegated to an informal dissemination process. Much of the information flow in this latter process depended on an individual's initiative in seeking out the information and/or on another individual's initiative in disseminating it. There were no formal procedures for sharing information about the identification through placement process with teachers. Teachers did not describe themselves as having a role in the decision making process beyond making a referral to the problem supervisor. They were unaware of how the information they were asked to provide was used.

Teachers who participated in support team meetings did not discuss ways of implementing interventions. If an intervention was implemented, there was no provision for modification or enforcement. Teachers who did not participate in support team meetings reported that they did not receive suggestions or feedback. There was no formal system for sharing support team information; if any information was shared, it was through informal processes.

Observations revealed that there was very little discussion of available information at team meetings. All schools used a data collection form, but very few of the data collected were used during the support team decision making process. Teacher reports usually were summarized but not read, and problems were presented in general terms, such as "The student is not doing well." Referral team meetings focused on making certain that all required information was included in the referral packet. Firsthand information from the referring teacher concerning the student problem identified was unavailable. Diagnostic information was relayed through a written report but interest in the report focused almost solely on the eligibility statement. If the receiving special education teachers were present at EA&R meetings, they had an opportunity to read the diagnostic evaluation. After the meeting, the diagnostic information was transmitted to the area office. Dissemination of the diagnostic information was not observed.

Throughout the process, there were many junctures where information breakdowns could occur. Each of these presented an opportunity to influence decisions or the decision making process. Even when information was observed to be available, its use was limited.

CHAPTER IX

Decisions Were Influenced by the Limited Identification of Optimal Interventions

Special education has been an alternative education program aimed at meeting the needs of students with handicapping conditions. Provision of this service has depended upon identifying those students who have not functioned well in the regular classroom because of handicaps. Stigmatizing and other negative effects which may result from labeling a student as having a specific handicap have been studied, with the result that a student who has had difficulty in school is not presumed to be handicapped simply because of inability to perform as well as other students. Special education has been reserved as an alternative only for those students who have had proper diagnosis.

Much attention has focused on the negative effects of labeling (Keim, 1976; Kirp, 1974a, 1974b; Reynolds, 1972) and of separation or segregation (Hobbs, 1975; Kirp, 1974b; Reynolds, 1972). As a result, a precedent was established to educate the handicapped in the least restrictive classroom (Turnbull, 1978). This has required that students with handicaps be educated in the regular classroom to the extent possible, rather than being removed to a separate classroom.

Special education identification through placement procedures have provided a mechanism for identifying those students with specific handicaps who need special placements. In the case of the mildly handicapped, placement in a special program should occur only after attempts have been made to resolve problems through the regular classroom. This has served two functions: 1) to decrease the chance of erroneous labeling, and 2) to decrease possible stigmatization associated with separation. For this reason, one major emphasis of the identification through placement procedures has been on the development of a variety of interventions to be tried in the regular education program (Ysseldyke & Regan, 1980).

Interventions

In education, interventions have been defined as teaching methods or programs which alter a person's behavior. These interventions have been designed to address unique problems and needs of students which have not been addressed adequately within the traditional educational environment. Educational interventions have ranged from altering the entire environment physically by establishing a program with a different organizational structure to altering intervention strategies within the regular classroom setting (e.g., using small group techniques rather than mass lecture, individualizing assignments, using active learning versus passive learning, and using multi-sensory approaches). Interventions chosen have been dependent on the complexity of the student's problem.

In this study, interventions have been defined as actions chosen to resolve specific problem situations. Examples of chosen interventions have included a referral for special education evaluation, a student written contract, a behavior chart, or a parent conference. The term alternatives has been used to denote the various intervention choices available.

The Middle School--A Structure to Encourage Interventions

Since research data were collected at middle schools, a brief look at the middle school concept has proved appropriate to a discussion of alternatives. The middle school concept arose from a desire to address the unique needs of the pre-adolescent student. It was believed that this student, in transition from elementary to high school, required a setting different from that of the traditional junior high school (Wiles & Bondi, 1981).

District 112 had begun changing from a junior high school to a middle school approach approximately 10 years prior to this study. One person described the move as follows:

> Some years ago, this district went to the middle school concept intending to provide a broad range of alternatives for kids, an exploratory kind of curriculum. This would involve really two things, consolidation of some elementary school skills and some exploration of kinds of activities regarding careers and types of competence. People could dabble with various sciences and various arts, various skills that they might then not need to specialize in at the time but be able to look at for

> when they have to study later on. It moved away from competitive kinds of things, not only out of class in the athletic kinds of things but learning as well. There would be less emphasis on who is the top kid in class or who is the loser in class. Kids would move at their own rate and that kind of stuff. (Top Administrator 10, Interview, 1/29, p. 1)

Use of a middle school structure was proposed to offer a transition between the elementary, with self-contained classes, and the high school, with a different class for each subject. This structure would not require students to change teachers every period, as in high school, but would provide them with more than one teacher, unlike elementary. Options for teaming would be provided through such a setting. It was intended that, within the middle school setting, an environment which encouraged alternative programming designed to meet the varying needs of the transitioning student would evolve.

> . . . the middle school should be characterized organizationally by flexibility, instructionally by individualization, and environmentally by sensitivity to changing needs of the age group it serves. Middle school students are viewed as individuals and not groups for making instructional decisions. (Wiles & Bondi, 1981, p. 15)

Written Procedures Assume Use of Interventions

Written procedures for District 112 (as described in The District Policy & Procedures Manual for Special Education) addressed the issue of interventions in relation to the role of the support team, and in discussing the requirements for the special education evaluation referral packet. The underlying implication was that a special education evaluation would be recommended only after interventions had been attempted.

> The school support team attempts to resolve the problem through some intervention. . . . A record of the efforts and strategies tried at the school should be maintained and should be included in a referral for special education evaluation. Prior to referral for evaluation, school intervention should be attempted when appropriate. This may include: complete review of cumulative folder, teacher team planning, parent contacts, classroom modifications, school counselor services, school nurse contacts, alternative programs at school, pupil/teacher matching. (Special Education District Policies and Procedures, p. 10)

> The completed referral packet . . . includes . . . documentation of previous interventions attempted such as alternative teaching methods, counseling, contracting, schedule changes, change of classroom, Title I service, or parent contacts. (Special Education District Policies and Procedures, p. 11)

Interventions Used in Schools

The intervention suggestions listed in the written procedures fell into three classifications: 1) data collection techniques, 2) problem solving techniques, and 3) specific intervention suggestions. This writer has included classroom modifications, counseling, alternative programs (including Title I), pupil/teacher matching, alternative teaching methods, contracting, and schedule changes as interventions. Pupil/teacher matching, contracting, and schedule changes often were suggested by school personnel as methods for resolving problems of discipline and personality conflict. Alternative programs at the schools included small group reading instruction and special education. Two school counselors were assigned to each middle school, but the ability to provide consistent therapeutic counseling was hampered by other duties (e.g., scheduling). Most counseling included short term crisis intervention. The remaining interventions, classroom modifications, and alternative teaching methods were dependent on individual teacher ability and initiative. These were rarely discussed by support teams. When they were discussed, it was in the form of a brief suggestion.

The interventions most frequently used by the schools required an action to be imposed on the student (e.g., changing schedules, writing contracts, specifying expectations, counseling). Interventions which required changes in the existing learning environment (e.g., altering school structure, altering classroom environment, altering instructional techniques) were rare. The limited use of this type of intervention affected decisions about both students and referral to special education. In other words, special education programs often appeared to be the only program intervention available.

The remainder of this chapter has discussed the limited use or availability of interventions and the subsequent effect of this on decision making. First, the writer has described the school structure and the interventions suggested by teachers and counselors. The second section has discussed the effect of these interventions, or the lack of them, on decision making.

School Structure

As discussed earlier, data were collected in three middle schools. Though purported to provide a transition from elementary school, the middle schools observed operated very similarly to high schools.

> We do not have a true middle school period. We don't have a middle school. We have mini high schools. That's what we have and I don't know why we call it a middle school. We shouldn't even call it that because our teachers do not all work together like it's supposed to be in a middle school. But I don't think our teachers are trained. I wasn't trained either for middle school concept. (Counselor 5, Interview, 3/25, p. 9)

In all three schools, students generally saw six different teachers in classes which ran from 43 to 45 minutes each. The school day was divided into seven periods, with language arts and literature taught as a two-block period by one teacher. This meant that students changed classes every 43 to 45 minutes throughout the day, except for the language arts/reading double period. Team teaching or team planning was not observed in any of the schools.

When a student experienced difficulty in the regular classroom (composed of 25 to 35 students), two options based on small group instruction were available. These were the reading program (assuming that the reading teacher had set up a pull-out program) and the special education program. An area-based bilingual program was available for students whose dominant language was other than English. This program was set up as an ancillary program where a certified bilingual teacher visited the school two or three days a week and worked with the student(s) for 30 to 45 minutes a day.

In an effort to serve the needs of the students better, one school had formed developmental classes for students who tested below average in a certain subject area. Two of the schools had enriched classes for those students who demonstrated high academic ability. One school had abolished developmental classes; however, teacher comments implied that some classes remained heavily loaded with students functioning at a lower level. The use of such grouping techniques provided more homogeneity within one classroom, but the classroom remained functionally similar to regular classrooms (i.e., size of class, time allotted, and teaching techniques did not differ greatly).

Essentially, the organizational structure of the schools modeled that of a high school, where students changed classes every period and some ability grouping was used in determining classroom make-up. Alternative programming had to conform to this structure, which did not allow for much flexibility.

Interventions Suggested by Teachers and Counselors

Emphasis was placed on trying alternative interventions before considering special education when seeking to resolve a student's problem. Alternative interventions also were considered as actions to take while waiting for the special education evaluation results. Such interventions were particularly critical for a child who proved to be ineligible to receive special education services. The types of alternatives most often suggested by teachers and counselors exemplified techniques common to many schools.

A listing of interventions suggested at support team meetings and by individuals has been provided in Table 3. The wording has been taken directly from the data; no judgments have been made concerning the practicality or usefulness of the suggestions. Only a few of these suggestions were considered consistently by the support team. These have been discussed at greater length in the following paragraphs.

One consistent intervention involved changing a student's schedule. This was used to remediate personality problems between teacher and student or to resolve behavior problems stemming from the mix of students in a class. For example, at one school the problem supervisor reported that a student had been switched to a new language arts class because she consistently was becoming ill before attending the original class. One administrator provided the following insights concerning the use of schedule changes:

> . . . we take the schedule and change them. We separate them as much as possible. . . . If you have two kids that are really close and you see that they manifest problems with each other, you take those kids and split them up. . . . We did that with two of those kids that were brought up, that were having problems. (School Administrator 1, Interview, 3/25, p. 7)

Only in one case observed (see case of Larry, Chapter VI) was scheduling used to change the length of the student's school day

TABLE 3

A Listing of Suggested Interventions

The following is a listing of interventions suggested at support team meetings and in individual interviews. The suggestions have been left in a raw data format.

Provide activities such as drawing that a student has seemed to excel in.
Maintain student.
Change schedule to get student out of a class where the teacher has been inflexible.
Put into oral language speech and hearing program.
Suggest that parents obtain a full physical for student.
Place in resource room as a teacher aide or on an observation basis.
Use consistency.
Try to provide more structure.
Place student closer to the teacher.
Separate student from peers.
Obtain individual or group counseling in school.
Suggest outside counseling intervention to parents.
Write contract with student.
Have principal or another staff member talk with student.
Use small group instruction.
Suspend student.
Take student to the clothing bank.
Seek tutoring services for student.
Have student remain in the classroom.
Switch schools; seek high school placement.
Retain student at present grade level.
Collect more data.
Adjust work load (reported as a parent suggestion).
Work with parent to obtain free lunch for student.
Develop school spirit by working with the student council.
Contact parents—set up parent conference.
Obtain social worker services (available only if student has been in special education program).
Screen for gifted program.
Have student stay after school to work.
Wait for records.
Administer the Wide Range Achievement Test.
Get easier work for student.
Set up behavior charting system.
Arrange for a modified schedule.
Place student as an aide in reading program to receive extra reinforcement.

TABLE 3, continued

Refer for special education evaluation.
Set up success experiences for student.
Use developmental classes.

or his/her grade level. In this case, the student's school day was abbreviated so that he continued to participate in all academic requirements but did not participate in elective courses. This case also included advancing the student by one grade level.[1]

Another frequent suggestion was tutoring. One counselor reported that she sometimes contacted the Retired Teachers' Association in an attempt to secure volunteer tutors who would work with students at the school location. Sometimes bilingual tutoring was provided by the district for American Indian, Asian, or Hispanic students experiencing difficulty with language-related tasks. Receipt of such services was contingent upon proof of eligibility. However, securing the services of a tutor often depended on the parents' ability to pay for after-school tutors. In the case of Patty (see Chapter VI), the student was unable to receive this help because of parental financial problems.

Three teachers reported that they tried to work with students who were functioning at a lower level by using small groups or by individualizing the work. At one support team meeting (see case of Patty, Chapter VI), use of a pairing technique was mentioned by one teacher as a possible reason for the student's success in that classroom. It was suggested that other teachers might want to try the technique in their classrooms, but no further discussion of this possibility ever followed. Pairing was not considered as an intervention plan.

Counselors often suggested the use of behavior reporting charts designed to change an identified negative behavior. Behaviors such as bringing homework to class, completing assigned tasks, and attending class were monitored through this system. Reporting charts usually were coordinated by the counselor after meeting with the student. The student carried the chart to the teachers, obtained their signatures if the appropriate behavior had been demonstrated, and returned the chart to the counselors at the end of the school day or the school week. This technique was designed to help the student conform to school expectations.

A written and signed contract coordinated by the principal was discussed by one support team. In this particular discussion, one team member voiced some apprehension concerning the contract because the student had chosen a reward that was not immediate and perhaps was unrealistic. (The chosen reward was that the student would get As and Bs on his next report card, which would be issued nine weeks later.) Ways to rewrite the contract, to help the student set a more reasonable reward, or to help the student attain his goals were not discussed.

Suspension, parent conferencing, staff meetings (attended by a student's teachers, counselor, and parents), individual or small group counseling, placement in the supplemental reading program, and use of developmental classes were additional intervention strategies cited by teachers, counselors, and school administrators. In addition to these school-based strategies, one area had a middle school alternative program located at the area office. The program was designed for students with truancy problems, and students were accepted for one quarter of the school year (a nine-week period).

Interventions analyzed. The purpose of this study was not to evaluate the appropriateness of these interventions; nevertheless, a brief analysis is in order. Only two of the interventions suggested, individualizing and use of pairing, could be categorized as interventions which required altering techniques for disseminating information. A few interventions, such as reading programs and developmental classes, fell into the area of alternative programming designed to separate according to ability. Other suggested interventions involved changing the student behavior.

Most interventions discussed by support teams or implemented as a result of support team discussion did not require the adults (teachers, administrators, counselors) in the school to adopt new instructional approaches in their efforts to help the student. Interventions did not seek to change teaching methodology or style to meet individual needs; they did not seek to match teaching styles with learning styles; nor did they seek to create a more flexible school structure. The school organization (including classroom, curricular, and administrative structure) remained constant, while the student was manipulated through the use of tutors, counseling, or behavior reporting systems.

When a methodological alternative was mentioned, there was no discussion as to how the methodology could be implemented and no implementation plan was designed. Two specific examples of this were found in the case of Patty and the case of Johnny (see Chapter VI). In the former, the suggestion to pair Patty with another student was never implemented. In the latter, the implications about learning style derived from the discovery that Johnny liked to draw were never explored or used. Further, the suggestion to incorporate drawing into class assignments was mentioned, but it was not developed into an intervention plan.

Data analysis suggested that the interventions used by school staffs were few. Lack of observed change in students resulting from the use of these essentially manipulative techniques (parent conferencing, changing teachers, charting behavior, tutoring) influenced decisions about students and their need for special education.

Interventions and Decision Making

Limited intervention strategies affected decision making in the special education identification through placement process. The generation of numerous special education evaluation referrals was one effect. Another effect was frequent placement in special education.

Generation of evaluation referrals. Limited intervention strategies or the unwillingness to try new techniques was noted as one reason for teacher referrals. It appeared that this contributed to the high number of special education referrals.

> You feel the pressures of the teacher who says, this kid, I don't want him in class. They just won't work out there. They just have no skills. Why, they have no desire to work with kids who are below average, no matter what the reason is. They don't want to look into what they could do to help solve that problem. And I find that a lot of times those are subject-oriented teachers, and those are the schools you are going to find a lot of kids being referred. (School Administrator 1, Interview, 11/5, p. 7)

Some teachers believed that their experience and expertise with students helped them to detect those students who were going to have problems. They indicated frustration with the length of the process and the time that it took to get help for a student despite the fact that they were able to pinpoint problem students very quickly. They seemed to imply that students would receive help only if an external intervention was used; they believed that they themselves could do nothing to provide help within the classroom setting.

> A regular classroom teacher's experience can tell within the first two weeks that that child has a problem. We may not be able to tell you what the problem is, but we know the child is not functioning in a regular classroom. Then it might take us about a year to help the child. (Teacher 5, Interview, 3/11, p. 9)

> I refer immediately if I can because the process is so long. If I can refer by September, I go ahead and do it because that will give us the best information as to whether or not this kid is qualified to be placed or will meet the qualifications. (Teacher 7, Interview, 3/9, p. 1)

Contrary to these perceptions, some teachers presented a scenario filled with frustration resulting from lack of success with a student despite many intervention attempts.

> Well, the thing is, it's very frustrating because I know my limitations. And I know if I can help a kid or I cannot help a kid. If I cannot help a kid, then I need help and that's when I refer them. I'm up against a brick wall right there. Like I have one right now that has been here all year that I referred at the beginning of the year. I cannot help that kid. I have tried everything that I know and nothing has helped. (Teacher 9, Interview, 3/2, p. 5)

The support team was expected to determine interventions that could help solve a student problem, but support teams also felt caught with no alternatives. (In this paper, interview excerpts depicting dialogue were written using the following: interviewer [I], and special education teacher [ST].)

> I think it makes a big difference [to get input from an outside source such as a psychologist]. It doesn't make you feel so trapped. It's like the reason we go to support team is because we have exhausted everything we can think of to make things work for this young person. Then we're supposed to sit down and figure out a plan. We'll look at each other. What plan? How are we going to do this? We don't know what more to try. (Teacher 20, Interview, 3/11, p. 8)

> ST: I think we've run the gamut by the time they've [support team] gotten there many times.
> I: What's to be done? What are the alternatives?
> ST: Oh, I think some kids can be put on responsibility check lists and we can cover ourselves and say we've done something that's of an intervening nature.
> I: But does it work?
> ST: In the long term, no. (Special Education Teacher 3, Interview, 1/26, p. 7)

In one school, discussion at several support team meetings focused on what could be done with a group of students who exhibited deviant behaviors and who were suspected of drug involvement. At two meetings, discussion focused on one or two students from this group who had exhibited deviant behaviors during the preceding week. (At least one had been referred for evaluation as learning disabled, but the referral was rejected because the student's achievement scores were too high. There had been some discussion of pursuing a behavior disordered referral, but this never had occurred.) These concerns usually were addressed by the school administrator, who expressed a desire to find some way for these students to have a successful school experience. At one meeting toward the end of the school year, the school administrator commenced the meeting by stating that there were approximately 12 students about whom he was particularly concerned. He wanted everyone else to think about what interventions could be used with these students. He mentioned that he had spoken with personnel in the area office and indicated that an additional D level (self-contained) classroom for behaviorally disordered students could be arranged if warranted by the number of students needing such a placement. Because of the lack of success with this group of students in the regular program, the principal indicated an interest in gathering the necessary data so that they could request an additional program for the following year. Traditional interventions (e.g., suspension, parent conferences, contracts, separation from friends during classes) had not been successful. Frustration influenced the support team's willingness to consider referral for special education evaluation for possible behavior disordered placement.

Influence on placement decisions. When a student was referred for special education evaluation, there were three possible outcomes. First, the student could be found eligible to receive special education services and placed in a special education class. Second, the student could be found eligible to receive special education services, but the parents could refuse permission for special education placement. Third, the student could be found ineligible to receive special education services. These outcomes, combined with the feeling that alternative choices were limited, could affect decisions in all three situations.

In some cases, the student's eligibility was considered to be borderline, i.e., evidence of a disability was not obvious from the diagnostician's evaluation and analysis. Lack of other alternatives often left EA&R committee members feeling frustrated, and believing that special education placement might be justified in an effort to give the student some kind of assistance. As one middle administrator put it:

> Recommendations are made at the time of the EA&R for things that the school will try to do as far as counseling intervention, home reportage systems, maybe changing classroom teachers, and it's kind of turned back over to the school as far as dealing with the child. But here again, if we had more flexibility within the regular program, I would feel more comfortable for them. I feel that many times when you are sitting at the EA&R table that kids according to the diagnostician are ineligible or they are borderline. Sometimes there is enough school information that you can make a kid eligible even though the testing may not show him to be eligible. I don't like to do that and yet I think we are pushed

> into doing that if there are no other alternatives. (Middle Administrator 5, Interview, 12/8, p. 6)

If a student was not placed in special education, the usual alternative seemed to be that the student would continue unsupported in the regular classroom. The following responses evidenced the feeling of hopelessness expressed when a student did not receive a special education placement.

> If there is not a placement, then you [the teacher] just cope. (Teacher 14, Interview, 3/2, p. 3)
>
> Sometimes they're lost in the shuffle. (Teacher 7, Interview, 3/9, p. 7)
>
> Developmental classes, Title I reading, but usually these kids have already been in developmental classes or they're in Title I reading and that's not working either. I don't see anything. . . . (Special Education Teacher 3, Interview, 1/26, p. 8)
>
> I guess one of three things could happen. He could kind of blunder along the way he's been and maybe pass. He can make a miraculous recovery and do well in the regular program. Or he can fail out of the regular program. (Special Education Teacher 4, Interview, 1/13, p. 10)
>
> That is a problem. Because like the one I was mentioning to you, he has done nothing. There is no support from the parents, period, no communication. What is going to happen? I can't answer that. Nothing probably is going to happen. (Teacher 9, Interview, 3/2, p. 7)
>
> They just get pushed along. They may go from grade to grade and they may flunk everything they have ever taken. They'll be passed to the next grade and they'll just flunk again. (Teacher 17, Interview, 2/16, p. 5)

Not all interviewees painted such a dismal picture. A few indicated that some kind of help would be given to the student.

> The ones that don't get placed, well, they'll have to survive. They don't have a choice. But that doesn't mean we stop from trying to get help for them. Another type of help. We try, and if I don't have the answer, I go find it somewhere. We'll find an answer for that person. Some special education teachers, when a child isn't placed, doesn't qualify, they do help the teacher and give them little—whatever they give their kids—some other type of work that can meet their needs so they can succeed, feel good about themselves. (Counselor 5, Interview, 11/5, p. 8)

This counselor continued by describing a case where the parents did not want the child placed in a special education classroom. The solution was generated as a result of the teacher working with the parent. The parent agreed to help the student at home and brought the child to school early for individual help from the teacher. However, if either the teacher or the parent had been unwilling or unable to develop some program modification, the student probably would have received no help.

Summary

The alternative interventions used in the three schools observed focused on changing student behavior by doing something to or for the student. Environmental interventions requiring a change in instructional strategy, or school organization (i.e., classroom, curricular, or administrative modifications) were rarely in evidence. Although one environmental intervention was available in one area for students with attendance problems, it was considered to be inadequate.

> The alternative program is not the answer. That's not the answer. They're there for only nine weeks

> and they're back. And they're only there for the morning. That is not the answer. (Counselor 5, Interview, 3/25, p. 9)
>
> I guess probably the most frustrating thing is where do you place a child who is having, say, the drug problems? What kind of help can you give that child? The second thing is attendance problems. What do we have available for a child who has attendance problems? I don't think the alternatives that the district has are really viable. They have the choice of going to the alternative program and I don't think that's a good choice because it's a half-day program. The district ought to supply a full day program for it. We also need more support from the judicial system. They don't have anything they can do with it. (School Administrator 1, Interview, 3/25, p. 6)

There was a noticeable lack of interventions available for academic and behavior related problems. The decision to refer a student for special education evaluation could be influenced by the willingness or the ability of those who worked with the regular program to modify their methodology and curriculum to meet individual problems.

> I think one of the major factors that influences identification and placement in APS middle schools has to do with the breadth of the regular programs. . . . More than anything else is success in the existing program. To the extent that our regular program is narrow and rigid and provides little room for variation among students, we'll see lots of referral and lots of placement recommendations. To the extent that that regular program is broader, has room for a wider range of differences in student behavior and student academic skills, special education programs can be narrower, smaller, serve kids with more significant problems. . . . There aren't any other alternatives at this point. You either go to sixth grade language arts or you go to the resource room. They don't have sixth grade developmental language arts, exploratory language arts, etc. They don't have a bookless curriculum

> within the regular program. (Top Administrator 10, Interview, 1/29, pp. 1 & 3)

Additionally, the lack of alternatives has influenced the decision to place a student in special education.

> . . . I feel like many times when you are sitting at the EA&R table that kids according to the diagnostician are ineligible or they are borderline. Sometimes there is enough school information that you can make a kid eligible even though the testing may not show him to be eligible. I don't like to do that and yet I think we are pushed into doing that if there are no other alternatives. (Middle Administrator 3, Interview, 12/8, p. 6)

Students found ineligible for special education placement remained in the classroom to cope as well as they could. Steps toward modifying the regular program, either curricular or structural, were not observed during the data collection period of this study. The following quote has supplied the best description obtained of the dilemma experienced by those who had observed what was happening.

> Over the past five years, there has been a continual gain in special ed programs at [this school]. Thirty-three percent of our students are in special education. . . . I go to the district and they say 33% of your kids are in special education; and I say I can cut it in half if you give me three extra teachers and allow me to design my own self-contained program. . . . I have told the district I am willing to use whatever resources are available to me to meet a child's needs and so I've justified it from that standpoint. And it [special education] is meeting these children's needs; they are legitimate placements. On the other hand, I know that you can't keep adding programs until you have 50% of your kids in special education. (School Administrator 3, Interview, 11/4, p. 6)

School personnel often felt trapped; they did not want to continue placing more and more students into special education classes. On the other hand, these classes were often the only programs available which offered small group individualized instruction for all academic instructional areas.

NOTES

1. Two interventions occurred almost simultaneously. First, Larry's length of school day was changed, and soon after Larry was moved ahead by one grade. There was no discussion of the possibility that either schedule change might have been adequate by itself. This has seemed especially critical to consider with regard to the second change. It is possible that with a change in grade level (Larry was older than many other students), Larry might have been able to maintain appropriate behavior in school for the whole day.

CHAPTER X

Summary and Implications

During recent years, litigation and legislation have generated an increase in the availability of services designed to provide an appropriate education for the handicapped student. This has resulted in laws delineating policies and regulations to govern decision making with regard to the students who should receive these services (Weintraub & Abeson, 1974). Law alone, however, has not been enough to guarantee that decisions will be made appropriately or accurately (Kirp, Kuriloff, & Buss, 1975). For public policy to be effective, it has had to be accompanied by involvement and policy implementation at the local level (Ballard-Campbell & Semmel, 1981; Iannaccone, 1981). This has required local school personnel to translate legal policies and regulations into a set of local procedures. Schools have been perceived as bureaucracies in which specialists make decisions based on rational, empirical processes or procedures (Owens, 1970). The result has been an attempt by local school personnel to produce procedures which have incorporated public policy and have maximized the efficiency, effectiveness, and appropriate decision making which characterize bureaucracies.

Some have argued that schools are not rational organizations, but, rather, are complex social organizations which operate under conditions of organized chaos (Cohen, March, & Olsen, 1976). If this is true, procedures based on the assumption that schools have operated under rational and clear cut conditions might not be effective, and indeed, decision making processes within special education have continued to be plagued with problems (Bradley & Howe, 1980; Hallahan & Kauffman, 1977; Reynolds, 1979; Weatherley & Lipsky, 1977; Ysseldyke & Algozzine, 1979).

This has raised a concern with regard to procedures currently in use and has supported research in the area of special education identification through placement procedures. This study has focused on the identification through placement procedures of one school district in order to: 1) describe what occurred in the decision making process in relation to what was "supposed" to occur; and 2) analyze collected data to identify factors which influenced decisions.

Data for this study were collected by observing the identification through placement process at three middle schools. Noted observations, tape recordings of meetings, tape recorded interviews of individuals involved in the process, and collected documents comprised the data sources. All interviews were transcribed verbatim, and recordings of meetings were kept intact for verification and elaboration of field notes. During the analysis phase, the writer reviewed all of the data, developed conceptual categories based on various pieces of data, compared data within categories, compared categories, noted recurring themes, identified relationships among various pieces of data, and discovered decision influencing factors based on the relationships identified.

District written procedures outlined four major steps in the special education decision making process. The first was identification, which involved the use of a school support team. The purpose of the support team was to discuss and remedy student problems through the use of interventions which would serve as alternatives to regular classroom procedures. The rationale supporting this requirement included avoiding unnecessary labeling and making certain that all reasonable efforts had been made to educate the child within the regular classroom before suggesting a referral for special education placement. The second step involved referral for a special education evaluation and required the use of a referral team for processing suggested referrals. This step was included in an effort to eliminate unnecessary evaluations, which had created long waiting lists. Evaluation was the third step. This step took place at the area office under the direction of an educational diagnostician. Assessment at the area office purportedly made more efficient use of the diagnostician's time and allowed for a less biased, more detached evaluation. The fourth and final step, placement, called for the use of an Educational, Appraisal, and Review (EA&R) committee. This committee was set up to review all available data, determine eligibility, and specify placement level.

These procedural steps incorporated the use of team decision making and the collection of a wide variety of information. This was to assure that a decision to label and separate a student was made only after careful and serious deliberation. The procedures were implemented on the basis of four assumptions: 1) that groups typically have made better decisions than individuals and that group decision making could occur within the school setting; 2) that sufficient time was available to carry out procedural requirements efficiently and effectively; 3) that information systems were in operation within the schools and produced the best available data for making decisions; and 4) that schools in general have been creative entities which have made use of a wide variety of strategies/placements to resolve student problems.

Observations revealed that procedural steps were indeed followed, and that decisions were influenced by the procedural specifications or intentions. However, decisions were also influenced by factors either unaddressed or assumed in the written procedures. The underlying assumptions of the procedures did not fit the reality of the school organization. The summary which follows has identified the major factors found to influence decision making in the special education identification through placement process. The final two sections of this chapter have included a discussion of implications and a discussion of future research.

Summary of Findings

The analysis of data for this research study suggested four major factors which influenced decisions in the special education identification through placement process: 1) individuals, rather than groups, made decisions; 2) limited time and lengthy procedural steps influenced decisions; 3) information systems did not facilitate the flow of specific, precise information; and 4) limited alternatives for intervention encouraged referral and placement decisions.

Individuals Made Decisions

Research designed to determine the effectiveness of group decision making has been less than definitive. Nevertheless, the use of group decision making has continued to be recommended as a tool for assuring sound decisions. Maier (1967) described two types of activities which groups have used for decision making, problem solving and persuasion.

> Problem solving activity includes searching, trying out ideas on one another, listening to understand rather than to refute, making relatively short speeches, and reacting to differences in opinion as stimulating. . . . Persuasion activity includes the selling of opinions already formed, defending a position held, either not listening at all or listening in order to be able to refute, talking dominated by a few members, unfavorable reactions to disagreements, and a lack of involvement of some members. (p. 282)

He depicted the group which achieved high levels of accomplishment as one which functioned with a leader. The leader role was described as one in which the individual would:

> . . . cease to contribute, avoid evaluation, and refrain from thinking about solutions or group products. Instead he(she) must concentrate on the group process, listen in order to understand rather than to appraise or refute, assume responsibility for accurate communication between members, be sensitive to unexpressed feelings, protect minority points of view, keep the discussion moving, and develop skills in summarizing. (p. 286)

The problem supervisors observed in this research engaged in more persuasion activity than problem solving activity. The problem supervisor, the undeclared leader, collected information and came to a decision based on his/her perception of that information. This individual was described (by others or self) as the decision maker, and, assuming that role, persuaded others to accept his/her decision without seeking other solutions or inputs. Decisions rarely were summarized and commitments to the decisions were not formalized. Data paralleled the findings of Thurlow and Ysseldyke (1980b) who stated that meetings often were not for making decisions but rather were for presenting information to support a previously made decision.

Team members were willing to rely on the judgment of the individual who had collected the data. This role was shared among the problem supervisor, the diagnostician, and the special education head teacher (if different from the problem supervisor). The problem supervisor presented the intervention and the decision to refer for special education evaluation. The diagnostician approved the referral packet and made a statement regarding eligibility from a technical standpoint. Placement was determined by the problem supervisor's interpretation of the problem to the special education head teacher and confirmed by the diagnostician's eligibility statement. Problem supervisors maintained control over the entire decision making process because they collected, assessed, and disseminated information about the problem.

However, the functional role assumed by the problem supervisor cannot be reviewed in isolation. Rather, it operated as one part of a complex system, which was influenced by other variables within this system. One of these other variables was time.

Time Influenced Decisions

Procedures for special education identification through placement should have been developed considering: 1) the need for sufficient time within the work schedule to implement all required steps; and 2) the need to make expedient decisions while exercising caution and maintaining thoroughness. Procedures for District 112 required the use of group decision making, a process which has been shown to be exceedingly time consuming (Collins & Guetzkow, 1964; Maier, 1967; Mansbridge, 1973). As Mansbridge explained, ". . . in a group, each member must speak his piece; emotions must often be dealt with; and the process itself can go no faster than the pace of the slowest" (p. 356). Additionally, individuals have experienced varying demands on their time and " . . .the one who has many other alternatives that he sees as pleasant, satisfying, and important may be impatient with the time others want to spend on discussing decisions" (Mansbridge, 1973, p. 357).

Data revealed that the work schedule of the personnel in the schools observed was not compatible with group decision making requirements. The longest time available for a support team meeting was 45 minutes, assuming that the meeting began at the designated hour. This time period was during class time and thus did not allow classroom teachers access to the meeting. If classroom teachers attended meetings, the longest time available was 35 minutes, prior to the start of classes. Support teams generally met on a weekly basis. The limited availability of common meeting time affected both the number of cases that could be discussed and the quality of the discussion. In addition, various school duties and personal demands limited the amount of time any individual could devote to each case. This affected the team process and added to the length of time required for collecting referral information.

Procedures required that special education evaluation referrals be processed by a referral team chaired by a diagnostician. Referral teams met on a monthly basis. This meant that from one to four weeks were lost before referrals could be implemented. In addition, if information were missing from the referral packet or unavailable for long periods of time, additional waiting time would be added. The time required to complete an evaluation was contingent on the number of referrals on the waiting list and the diagnostician's ability to contact and meet with parents. Finally, the timeliness of EA&R meetings depended on a smooth transition from diagnostician involvement to program coordinator involvement and on the program coordinator's ability to fit the EA&R meeting into his/her schedule. The full process could take as little as three months or as long as an entire school year.

The district's written procedures required more time than was available. This affected the time when, and the manner in which, decisions were made. Time pressures also affected the use of information, because, as Patton (1976) found, the amount of time spent reviewing available information was related to the amount of work to be accomplished. This, in turn, led to a reliance on vague terms and the experience of experts.

> The sheer magnitude of the task results in a desire by committee members to reduce the time spent upon each application and the pressure of other activities causes the members to seek speedier meetings. When program goals and decision criteria are vague and not easily converted into evaluation forms and rating scales, the expertise of professionals is relied upon. These experts then resort to rules of thumb and simplifying techniques based upon previous experiences to ease and quicken the decision process. When information is limited, the time spent in discussing an application is consequently reduced and the reliance upon rules of thumb is increased. (Patton, 1976, p. 35)

When time was limited and attention distributed among many tasks, there was a tendency to assume that everyone shared the same understanding.

Information Flow Influenced Decisions

Fenton, Yoshida, Maxwell, and Kaufman (1979) noted that group decision making was enhanced when individuals were aware of the goals and responsibilities of the team. This implied that awareness of procedural goals and requirements on the part of individuals involved in providing information for decisions would lead to the provision of more problem-specific data.

Zander (1982) outlined four steps necessary to problem solving by groups: 1) problem description and specification of the reason for needing a response; 2) identification of possible solutions; 3) choice of the best solution; and 4) implementation of the decision through decisive action. Success in following these steps in the observed special education identification through placement procedures depended on the collection and dissemination of information.

In the observed process, a student problem would be referred to the problem supervisor. This individual was responsible for collecting information from staff members who knew the student in order to identify the specific problem. The problem supervisor then described the problem to other team members, and, when a decision was reached, was responsible for communicating the nature of the intervention decided upon and any follow-up information.

Data revealed that those who were not active decision makers knew little about the process, despite the fact that they were asked to provide information. Access to information regarding the process and the specifics of the procedures depended on individual initiative in collecting or sharing that information. In addition, communication among staff members regarding interventions, their effects on the student, and continued enforcement were not observed. Information from the two sources who had direct contact with the student, the teacher and the diagnostician, was relayed through written reports or informal conversations with the problem supervisor. The major interest of the EA&R committee was in the diagnostician's eligibility statement, which provided the technical (or legal) support for the placement decision.

Despite the availability of a considerable amount of information, there has been no guarantee of its effective use (Collins & Guetzkow, 1964; Morrow, Powell, & Ely, 1976). "The effectiveness of a group in coping with its task environment is often made difficult by the fact that people with similar backgrounds, personalities, or roles are likely to define a problem in one way and miss possible alternatives" (Hoffman, 1982, p. 106). In the process observed, vague, general statements were used rather than specific descriptions obtained from the information collected. Others in attendance assumed that they understood the meaning rather than asking for clarification. Because of this, the first of Zander's (1982) four steps was not observed in team meetings, i.e., the problem was never defined, either with specific data or by a statement specifying the reasons for needing to find a solution. Steps two and three were also missing, since the problem supervisor (the leader) did not encourage solution generation.

This has coincided with the findings of research carried out at the University of Minnesota's Institute for Research on Learning Disabilities. This research indicated that "most of the time in team meetings is spent in describing the child's problem and in presenting data rather than generating and discussing alternatives for the child"

(Christenson, Graden, Patter, Taylor, Yanowitz, & Ysseldyke, 1981).

Limited Interventions Influenced Decisions

A precedent has been established to educate the handicapped student within the least restrictive environment (Turnbull, 1978). The decision to label a student as handicapped and to place that student in a separate class has been considered to be a serious one. In order to discourage inappropriate or haphazard decisions, district procedures have required that a special education evaluation referral be accompanied by proof that other interventions have been tried. A suggested listing of interventions was provided in the written procedures, and included data collection techniques, problem solving techniques, and intervention strategies.

Data analysis revealed that the intervention strategies suggested by school staff consisted of actions imposed on the student; they focused solely on altering student behavior. These strategies did not tend to require the alteration of classroom instruction or the school organizational structure. When a suggestion was made which might have required a change in teacher technique, no follow-up, specific suggestions, or reinforcement were provided.

Limited interventions influenced both decisions to refer students to the support team for special education evaluation and decisions to place students in special programs. Teachers were more apt to make referrals because they did not think they could do anything to help the student. Evaluation referrals were encouraged by the feeling that "everything" had been tried and there was nothing else left to do. When a student's eligibility was questionable or borderline, teams were more prone to place the student because the only alternative perceived was continued failure in the regular classroom. Markin (1980) concluded that ". . . special education is often the only alternative to the regular class program" (p. 112).

Implications

This study was designed to describe and analyze ways in which decisions were made regarding mildly handicapped students when following a set of written, rational procedures. Two limitations must have been considered in discussing the implications and the generalizability of this study. First, data were collected only in the middle school setting. Second, research was carried out in one district, examining only one set of special education identification through placement procedures. Despite these limitations, the theoretical analysis has appeared to contain several implications applicable to other districts attempting to design and implement procedures for decision making about students.

The special education identification through placement procedures for District 112 at the time of this study were based on four assumptions. The first of these was that groups comprised of a variety of school personnel could carry out decision making effectively within the parameters of the school structure. Second, it was assumed that there was sufficient time to meet procedural requirements adequately, efficiently, and in a timely manner. A third assumption was that individuals involved in decision making shared a common information base and that they used this information to make decisions. Finally, it was assumed that schools had available and used a wide range of intervention strategies to deal with student problems.

Data analysis raised serious questions with regard to each of these assumptions. Individual decision makers, limited time and lengthy steps, breakdowns in information flow, and limited interventions influenced the ways in which decisions about potential special education students were made. Each of these factors has been discussed in isolation, and each influenced decisions independently. However, suggesting remedies for each individually might not have proven useful, since all four were dynamically interrelated. The interrelatedness of these factors within the whole organization must have been studied before proposing changes designed to improve procedures.

Suggestions for procedural changes could evolve only after careful consideration of and sensitivity to the real organizational setting. It would not be enough to consider developing rational, logical procedures from a bureaucratic model. Rather, it would be necessary to think of school organizations as "complex, diverse, intricate entities that give rise to subtle and often confusing phenomena" (Lotto, 1981, p. 15). Perhaps expectations which appeared rational and logical may, in fact, have been unrealistic, given the existing complexities of the educational structure. Before procedural changes could be made, it would be necessary to view the effects of these changes from organizational perspectives other than a bureaucratic one. One such perspective would consider the organization within a cultural context, as suggested by Lotto (1981); another would be that which views organizations from an image of organized chaos, as set forth by March and Olsen (1976); and still another would consider organizations from a political systems viewpoint, as described by Baldridge (1972).

If consideration were to be given to the complex environment within which organizations must function, it undoubtedly would require finding other ways of meeting the demand for responsibility in making decisions which affect the lives of students. It is possible that group decision making may have been unrealistic given current organizational demands; however, groups might still be used to review and approve an individual's decision. It also might be necessary to re-interpret the issue of confidentiality in order to make information more readily available to those who are expected to use it. These two ideas, among others, might emerge from an attempt to mediate between the real and the ideal. Other compromise ideas could follow as special education administrators considered the complexities of organizational behavior.

In addition to advocating procedural changes, some (Bradley & Howe, 1980; Christenson et al., 1981; Patton, 1976) also have suggested a need for further training. Training needs determined from this research would include group decision making techniques; history, goals, and techniques of special education; or alternative interventions. However, in implementing training aimed at changing behavior, it would be important to keep in mind the environment in which the trainee is expected to operate. As House (1976) stated, ". . . what is rational for the teacher may not be rational for the administrator or reformer, and vice versa" (p. 340). Katz and Kahn (1966) provided a convincing description of the weakness inherent in an approach designed to change organizational behavior by changing the individual perspective.

> In short, to approach institutional change solely in individual terms involves an impressive and discouraging series of assumptions—assumptions which are too often left implicit. They include, at the very least, the assumption that the individual can be provided with new insight and knowledge; that these will produce some significant alteration in his motivational pattern; that these insights and motivations will be retained even when the individual leaves the protected situations in which they are learned and returns to his accustomed role in the organization; that he will be able to persuade his co-workers to accept the changes in his behavior which he now desires; and that he will also be able to persuade them to make complementary changes in their own expectations and behavior. The weaknesses in this chain become apparent as soon as its many links are enumerated. The initial diagnosis may be wrong; that is, the inappropriate behavior may not result from lack of individual insight or any other psychological shortcoming. Even if the initial diagnosis is correct, however, the individual approach to organizational change characteristically disregards the long and difficult linkage just described. (pp. 391-392)

An extensive listing of possible changes would go beyond the intent of this discussion because each suggestion would be only as viable as its compatibility with organizational constraints. The most important implication derived from this study has identified a need to find a good fit between procedures and organizational factors. This would require that the human and irrational influences not identified in bureaucratic theory be considered when developing methods for improving the special education identification through placement process.

Further Research

Given the relatively new attention to the area of identifying and placing special education students and a general lack of empirical data obtained from studying the whole process (recent studies by Kirp, Kuriloff, and Buss [1975]; Patton [1976]; and Ysseldyke and Thurlow [1980] have begun to provide a description of this process), a need for further research has been identified. Continuing research would be particularly beneficial in three major areas.

First, a need has been identified for additional descriptive data using different settings and different procedures. Investigation of decision making processes in the elementary and high school settings could determine if similar or different factors have influenced decisions within these settings. In addition, smaller school districts may have experienced different constraints and may have developed characteristics different from those displayed by larger districts.

Second, a need has been identified for further investigation of additional, interacting organizational factors suspected of influencing decisions. Factors which were not found to be major influences in this study but which have not been rejected as possible influences included the role of the principal, the influence of finances, the availability of programs, the need to fill programs, and the overall school climate or atmosphere.

Third, a need has been identified for continuing research in the area of constructive decision making within special education. This would include the need for additional laboratory studies as well as for field studies exploring the types of information necessary for decisions and the processes that assure good decisions. Such studies would involve further investigation of group decision making and of the roles of the individual participants.

Selected Bibliography

References Cited

A plan for the delivery of special education services in New Mexico: Regulations (Proposed). (1979). Santa Fe. Department of Education, Division of Special Education.

Adelman, H. S. (1978). Predicting psycho educational problems in childhood. Behavioral Disorders, 3, 148-159.

Adelman, H. S. (1979a). Diagnostic classification of LD: A practical necessity and a procedural problem. Learning Disability Quarterly, 2, 56-62.

Adelman, H. S. (1979b). Diagnostic classification of LD: Research and ethical perspectives as related to practice. Learning Disability Quarterly, 2, 5-16.

Algozzine, B. (1977). The emotionally disturbed child: Disturbed or disturbing? Journal of Abnormal Child Psychology, 5, 205-211.

Algozzine, B. (1980). The disturbing child: A matter of opinion. Behavioral Disorders, 5, 112-115.

Algozzine, B., & Curran, T. J. (1979). Teachers' predictions of a child's school success as a function of their behavioral tolerances. Journal of Educational Research, 72, 344-347.

Algozzine, B., Schmid, R., & Conners, B. (1978). Toward an acceptable definition of emotional disturbance. Behavioral Disorders, 4, 48-52.

Amendment to the Elementary and Secondary Education Act, 80 Stat. 1204 (1966).

Amendments to the Elementary and Secondary Education Act—Title VI: Education of the Handicapped, 84 Stat. 178 (1970).

Babchuk, N. (1962). The role of the researcher as participant observer and participant-as-observer in the field situation. Human Organization, 21, 225-228.

Baldridge, J. V. (1972). Organizational change: The human relations perspective versus the political systems perspective. Educational Researcher, 1, 4-15.

Ballard-Campbell, M., & Semmel, M. I. (1981). Policy research and special education: Research issues affecting policy formation and implementation. Exceptional Education Quarterly, 2, 59-68.

Bateman, B. (1965). Learning disorders: Volume I. Seattle: Seattle Seguin School.

Becker, H. S. (1969). Problems of inference and proof in participant observation. In G. J. McCall & J. L. Simmons (Eds.), Issues in participant observation: A text and reader (pp. 260-276). Reading, MA: Addison-Wesley Publishing Co.

Beilin, H. (1959). Teachers' and clinicians' attitudes toward the behavior problems of children: A reappraisal. Child Development, 30, 9-25.

Bersoff, D. N. (1973). Silk purses into sows' ears: The decline of psychological testing and a suggestion for its redemption. American Psychologist, 28, 892-899.

Bersoff, D. N., & Veltman, E. S. (1979). Public Law 94-142: Legal implications for the education of handicapped children. Journal of Research and Development in Education, 12, 10-22.

Blau, P. M., & Scott, W. R. (1969). In F. C. Cower & T. J. Sergiovanni (Eds.), Organizations and human behavior: Focus on schools (pp. 5-18). New York: McGraw-Hill Book Company.

Blumer, H. (1978). Methodological principles of empirical science. In N. K. Denzin (Ed.), Sociological methods: A sourcebook (pp. 29-44). New York: McGraw Hill Book Company.

Boomer, L. W., & King, T. R. (1981). Teacher identification of behavior problems among junior high school students: A preliminary study. Behavioral Disorders, 6, 219-222.

Bradley, C. M., & Howe, C. E. (1980). Administrative issues in evaluation of exceptionality. Exceptional Education Quarterly, 1, 1-12.

Bransford, L. A. (1974). Social issues in special education. Phi Delta Kappan, 55, 530-532.

Bratton, K. (1982). NMARC et al. v. N.M. decision and implications for school administrators. Education New Mexico, 13, 5-13.

Brown v. Board of Education, 347 U.S. 483, 493; 74 S.Ct. 686, 691; 98 L.Ed. 873 (1954).

Bruyn, S. T. (1966). The human perspective in sociology. Englewood Cliffs, NJ: Prentice-Hall.

Bryan, T. S. (1974). An observational analysis of classroom behavior of children with learning disabilities. Journal of Learning Disabilities, 7, 35-43.

Bryan, T. H., & Bryan, J. H. (1881). Some personal and social experiences of learning disabled children. In B. K. Keogh (Ed.), Advances in special education (Vol. 3) (pp. 147-186). Greenwich, CT: J. A. I. Press.

Bryan, T. S., & Wheeler, R. (1972). Perception of learning disabled children: The eye of the observer. Journal of Learning Disabilities, 5, 37-41.

Budoff, M. (1975). Engendering change in special education practices. Harvard Educational Review, 45, 507-526.

Burrello, L. C. (1973). Research and theory in special education administration. In L. Mann & D. A. Sebatino (Eds.), The first review of special education (Vol. 2) (pp. 229-260). Philadelphia: JSE Press.

Carroll, C. F., & Repucci, N. D. (1978). Meanings that professionals attach to labels for children. Journal of Consulting and Clinical Psychology, 46, 372-374.

Cartwright, G. P., Cartwright, C. H., & Ysseldyke, J. E. (1973). Two decision models: Identification and diagnostic teaching of handicapped children in the regular classroom. Psychology in the Schools, 10, 4-11.

Christensen, S., Graden, J., Patter, M., Taylor, J., Yanowitz, B., & Ysseldyke, J. (1981). Current research in psychoeducational assessment and decision making: Implications for training and practice (Monograph No. 16). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Cleary, A. T., & Hilton, T. L. (1968). An investigation of bias. Educational and Psychological Measurement, 28, 61-75.

Cohen, M. D., March, J. G., & Olsen, J. P. (1976). People, problems, solutions and the ambiguity of relevance. In J. G. March & J. P. Olsen, Ambiguity and choice in organizations (pp. 24-37). Bergen, Norway: Universitetsforlaget.

Collins, B. E., & Guetzkow, H. (1964). A social psychology of group processes for decision-making. New York: John Wiley & Sons.

Cullinan, D., & Epstein, M. H. (1979). Administrative definitions of behavior disorders: Status and directions. In F. W. Wood & K. C. Lakin (Eds.). Disturbing disordered or disturbed?: Perspectives on the definition of problem behavior in educational settings (pp. 17-28). Minneapolis: University of Minnesota, Advanced Institute for Trainers of Teachers for Seriously Emotionally Disturbed Children and Youth.

Darlington, R. B. (1971). Another look at culture fairness. Journal of Educational Measurement, 8, 71-82.

Denzin, N. K. (1978). The logic of naturalistic inquiry. In N. K. Denzin (Ed.), Sociological methods: A sourcebook (pp. 6-29). New York: McGraw-Hill Book Company.

Denzin, N. K. (1970). The research act in sociology: A theoretical introduction to sociological methods. London: Butterworth & Company, Ltd.

Diaz, K. (Ed.) (1981, Fall). Special education program evaluation (District Report). Albuquerque: Albuquerque Public Schools.

Dion, K. (1972). Physical attractiveness and evaluation of children's transgressions. Journal of Personality and Social Psychology, 24, 207-214.

Duffey, J. B., Salvia, J., Tucker, J., & Ysseldyke, J. E. (1981). Nonbiased assessment: A need for operationalism. Exceptional Children, 47, 427-434.

Eberle v. Board of Public Education of the School District of Pittsburg, 444 F. Supp. 41 (1977).

Education of All Handicapped Children Act of 1975, P.L. 94-142, 89 Stat. 773 (1975).

Education of the handicapped children implementation of part B of the education of the handicapped act, P.L. 94-142. (1977, August 23). Federal Register, 42, No. 163, 42474-42518.

Education of the Handicapped Act, P.L. 90-247, 81 Stat. 804 (1968).

Education of the Handicapped Amendments of 1974, P.L. 93-380, 88 Stat. 484 (1974).

Engelhardt, J. A. (1976). The education for all handicapped children act: Opening the schoolhouse door. New York University Review of Law and Social Change, 6, 43-63.

Fenton, K. S., Yoshida, R. K., Maxwell, J. P., Kaufman, M. J. (1979). Recognition of team goals: An essential step toward rational decision making. Exceptional Children, 45, 638-644.

Fichter, J. H., & Kolb, W. L. (1953). Ethical limitations on sociological reporting. American Sociological Review, 18, 544-550.

Fisher, B. A. (1980). Small group decision making (2nd Ed.). New York: McGraw-Hill Book Company.

Gallagher, J. J. (1974). Phenomenal growth and new problems characterize special education. Phi Delta Kappan, 55, 516-520.

Garrett, J. E., & Brazil, N. (1979). Categories used for identification and education of exceptional children. Exceptional Children, 45, 291-292.

Gay, L. R. (1976). Educational research: Competencies for analysis and application. Columbus, Ohio: Charles E. Merrill.

Giesbrecht, M. L., & Routh, D. K. (1979). The influence of categories of cumulative folder information on teacher referrals of low-achieving children for special education service. American Educational Research Journal, 16, 181-187.

Gillespie, P. H., Miller, T. L., & Fielder, V. D. (1975). Legislative definitions of learning disabilities: Roadblocks to effective service. Journal of Learning Disabilities, 8, 660-666.

Gulling, T. B., & Rucker, C. N. (1977). Labels and teacher expectations. Exceptional Children, 43, 464-465.

Glaser, B. G., & Strauss, A. L. (1965). Discovery of substantive theory: A basic strategy underlying qualitative research. American Behavioral Scientist, 8, 5-11.

Glaser, B. G. (1969). The constant comparative method of qualitative analysis. In G. J. McCall & J. L. Simmons (Eds.). Issues in participant observation: A text and reader (pp. 216-228). Reading, MA: Addison-Wesley Publishing Company.

Gold, R. L. (1969). Roles in sociological field observation. In G. J. McCall & J. L. Simmons (Eds.), Issues in participant observation: A text and reader (pp. 30-38). Reading, MA: Addison-Wesley Publishing Company.

Gonzales, E. (1982). Issues in the assessment of minorities. In H. L. Swanson & B. L. Watson, Educational and psychological assessment of exceptional children (pp. 375-388). St. Louis: C. V. Mosby Company.

Greenbaum, R. M. (1977). Generalizability of labeling effects over two facets of children's behavior. (Doctoral dissertation, S.U.N.Y. at Albany, 1977). Dissertation Abstracts International, 38, 704A.

Guskin, S. L., Bartel, N. R., & MacMillan, D. L. (1975). Perspective of the labeled child. In N. Hobbs (Ed.), Issues in the Classification of Children,(Vol. 2)(pp. 189-212). San Francisco: Jossey-Bass Publishers.

Hackman, J. R., & Morris, C. G. (1975). Group tasks, group interaction process, and group performance effectiveness: A review and proposed integration. In L. Berkowitz (Ed.), Advances in experimental social psychology (pp. 45-99). New York: Academic Press.

Hall, J., & Watson, W. H. (1970). The effects of normative intervention on group decision-making performance. Human Relations, 23, 299-317.

Hallahan, D. P., & Kauffman, J. M. (1977). Labels, categories, behavior: ED, LD, & EMR reconsidered. The Journal of Special Education, 11, 139-147.

Handicapped Children's Early Education Assistance Act, P.L. 90-538, 82 Stat. 901 (1968).

Hersh, J. B. (1971). Effects of referral information on testers. Journal of Consulting and Clinical Psychology, 37, 116-122.

Hildreth, G. (1928). A survey of problem pupils. Journal of Educational Research, 18, 1-14.

Hobbs, N. The futures of children: Categories, labels, and their consequences. San Francisco: Jassey-Bass, 1975.

Hoffman, L. R. (1965). Group problem solving. In L. Berkowitz (Ed.), Advances in experimental social psychology, (Vol. 2) (pp. 99-132). New York: Academic Press.

Hoffman, L. R. (1982). Improving the problem-solving process in managerial groups. In R. A. Guzzo, Improving group decision making in organizations (pp. 95-126). New York: Academic Press.

Holland, R. P. (1980). An analysis of the decision making processes in special education. *Exceptional Children*, *46*, 551-554.

House, E. R. (1976). The micropolitics of innovation: Nine propositions. *Phi Delta Kappan*, *57*, 337-340.

Hurlock, E. B., & McDonald, L. C. (1934). Undesirable behavior traits in junior high school students. *Child Development*, *5*, 278-290.

Iannaccone, L. (1981). Problems in legislation as a vehicle for educational change. *Exceptional Education Quarterly*, *2*, 69-79.

Johnson, D. J., & Myklebust, H. R. (1967). *Learning disabilities: Educational principles and practices*. New York: Greene & Stratton.

Katz, D., & Kahn, R. (1966). *The social psychology of organizations*. New York: Wiley.

Kauffman, J. M. (1979). An historical perspective on disordered behavior and an alternative conceptualization of exceptionality. In F. H. Wood & K. C. Lakin (Eds.), *Disturbing, disordered or disturbed?: Perspectives on the definition of problem behavior in educational settings* (pp. 49-70). Minneapolis: University of Minnesota, Advanced Institute for Trainers of Teachers for Seriously Emotionally Disturbed Children and Youth.

Keim, D. W. (1976). Legislative notes: The education of all handicapped children act of 1975. *University of Michigan Journal of Law Reform*, *10*, 110-152.

Kelley, H. H., & Thibaut, J. W. (1954). Experimental studies of group problem solving and process. In G. Lindzey (Ed.), *Handbook of Social Psychology*, (pp. 735-785). Cambridge, MA: Addison Wesley.

Kerlinger, F. N. (1973). *Foundations of behavioral research* (2nd Ed.). New York: Holt, Rinehart & Winston, Inc.

Kirp, D. L. (1974a). Student classification, public policy, and the courts. *Harvard Educational Review*, *44*, 7-52.

Kirp, D. L. (1974b). The great sorting machine. *Phi Delta Kappan*, *55*, 521-525.

Kirp, D. L., Kuriloff, P. F., & Buss, W. G. (1975). Legal mandates and organizational change. In N. Hobbs (Ed.), *Issues in the classification of children* (Vol. 2) (pp. 317-382). San Francisco: Jossey-Bass, Inc.

Krueger, J. A. (1975). The politics of school finance: New Mexico passes a state funding formula. *Journal of Educational Finance*, *1*, 86-95.

Larry P. v. Riles, 343 F. Supp. 1306 (N.D.Cal. 1972).

LeBanks v. Spears, 60 F.R.D. 135 (E.D.La. 1973).

Lendowsky, R., & Blackman, L. (1968). The effect of teachers' knowledge of race and social class on their judgments of children's academic competence and social acceptability. *Mental Retardation*, *6*, 15-17.

Lerner, J. W. (1981). *Learning disabilities: Theories, diagnosis, and teaching strategies*. Boston: Houghton Mifflin Co.

Lindbloom, C. E. (1971). *Strategies for decision making*. Urbana, IL: The Department of Political Science, University of Illinois.

Lotto, L. S. (1981). Believing is seeing. In D. L. Clark, S. McKibbin, & M. Maklas (Eds.), *Alternative Perspectives for Viewing Educational Organizations* (pp. 15-28). San Francisco: Far West Laboratory.

Lutz, F. W., & Iannaccone, L. (1969). *Understanding educational organizations: A field study approach*. Columbus: Charles E. Merrill.

Maier, N. R. F. (1950). The quality of group decisions as influenced by the discussion leader. *Human Relations*, *3*, 155-174.

Maier, N. R. F. (1967). Assets and liabilities in group problem solving: The need for an integrative function. *Psychological Review*, *74* , 239-249.

Malinowski, B. (1935). *Coral gardens and their magic* (Vol. I). New York: American Book Co.

Malinowski, B. (1961). *Argonauts of the western Pacific*. New York: Dutton.

Mansbridge, J. J. (1973). Time, emotion, and inequality: Three problems of participatory groups. *The Journal of Applied Behavioral Science*, *9*, 351-368.

March, J. G., & Olsen, J. P. (1976). *Ambiguity and choice in organizations*. Bergin, Norway: Universitetsforlaget.

Martin, R. (1980). Legal issues in assessment for special education. Exceptional Education Quarterly, 1, 13-19.

Masling, J. (1957). The effects of warm and cold interaction on the interpretation of a projective protocol. Journal of Projective Techniques, 21, 377-383.

Masling, J. (1959). The effects of warm and cold interaction on the administration and scoring of an intelligence test. Journal of Consulting Psychology, 23, 336-341.

Masling, J. (1960). The effects of situational and interpersonal variables in projective testing. Psychological Bulletin, 57, 65-85.

Matuszek, P. & Oakland, T. (1979). Factors influencing teachers' and psychologists' recommendations regarding special class placement. Journal of School Psychology, 17, 116-125.

McCall, G. J. (1969). The problem of indicators in participant observative research. In G. J. McCall & J. L. Simmons (Eds.). Issues in participant observation: A text and reader (pp. 230-239). Reading, MA: Addison-Wesley.

McCall, G. J., & Simmons, J. L. (1969). The nature of participant observation. In G. J. McCall & J. L. Simmons (Eds.), Issues in participant observation: A text and reader (pp. 1-5). Reading, MA: Addison-Wesley.

McClure, W. E. (1929). Characteristics of problem children based on judgments of teachers. Journal of Juvenile Research, 13, 124-140.

Mearig, J. S. (1981). The role of tests in assessing intellectual functioning of children with special needs. Peabody Journal of Education, 58, 108-118.

Meehl, P. E. (1973). Psycho-diagnosis: Selected papers. Minneapolis: University of Minnesota Press.

Memorandum from superintendent of public instruction to all school superintendents and directors of special education. September 9, 1982.

Mercer, J. R. (1974). A policy statement on assessment procedures and the rights of children. Harvard Educational Review, 44, 125-141.

Mercer, J. R. (1975). Psychological assessment and the rights of children. In N. Hobbs (Ed.), *Issues in the classification of children* (Vol. 1) (pp. 130-158). San Francisco: Josey-Bass, Inc.

Merkin, P. K. (1980). Conclusions. In J. E. Ysseldyke & M. L. Thurlow (Eds.), *The special education assessment and decision-making process: Seven case studies* (Research Report No. 44) (pp. 100-113). Minneapolis: University of Minnesota Institute for Research on Learning Disabilities.

Meyer, W., & Thompson, G. (1956). Sex differences in the distribution of teacher approval and disapproval among sixth grade children. *Journal of Educational Psychology*, *47*, 385-396.

Miller, C., McLaughlin, J., Haddon, J., & Chansky, N. (1968). Socio-economic class and teacher bias. *Psychological Report*, *23*, 806.

Mills v. Board of Education of the District of Columbia, 348 F. Supp. 866 (1972).

Morgan, S. R. (1979). The learning disabilities population: Why more boys than girls? A hot area for research. *Journal of Clinical Child Psychology*, *8*, 211-213.

Morrow, H. W., Powell, G. D., & Ely, D. D. (1976). Placement or placebo: Does additional information change special education placement decisions. *Journal of School Psychology*, *14* 186-191.

New Mexico Association for Retarded Citizens, et al., v. The State of New Mexico, et al., 495 F. Supp. 391 (D.N.M. 1980).

New Mexico Association for Retarded Citizens, et al., v. The State of New Mexico, et al., 678 F. 2d 847 (1982).

New Mexico Constitution, Article XII, Section I.

New Mexico Laws of 1972, Chapter 87, 547; Section 77-6-19.2, NMSA (1953).

New Mexico Laws of 1972, Chapter 95, 573; Section 77-11-3, NMSA (1953).

New Mexico Public School Finance Act, H.B. 85. New Mexico Laws of 1974, Chapter 8, 25 (1974).

New Mexico special education cooperatives: A system for the provision of ancillary services to New Mexico's school aged handicapped populations (1980). Santa Fe: State Department of Education, Division of Special Education.

New Mexico state standards for special education. (1976). Santa Fe: State Department of Education, Division of Special Education.

Newcomer, P. L. (1980). *Understanding and teaching emotionally disturbed children*. Boston: Allyn & Bacon, Inc.

Nondiscrimination on basis of handicap. (1977, May 4). *Federal Register*, *42*, No. 86, 22676-22702.

Norman, C. A., & Zigmond, N. (1980). Characteristics of children labeled and served as learning disabled in school systems affiliated with child service demonstration centers. *Journal of Learning Disabilities*, *13*, 542-547.

Oakland, T., & Laosa, L. M. (1977). Professional, legislative, and judicial influences on psychoeducational assessment practices in schools. In T. Oakland (Ed.), *Psychological and educational assessment of minority children* (pp. 21-51). New York: Brunner/Mazel, Inc.

Oakland, T., & Matuszek, P. (1977). Using tests in nondiscriminatory assessment. In T. Oakland (Ed.), *Psychological and educational assessment of minority children* (pp. 52-69). New York: Brunner/Mazel, Inc.

Owens, R. G. (1970). *Organizational behavior in schools*. Englewood Cliffs, NJ: Prentice-Hall.

Palardy, J. (1969). What teachers believe—what children achieve. *Elementary School Journal*, *69*, 370-374.

Patton, C. V. (1976). Selecting special students: Who decides? *Teacher's College Record*, *78*, 101-124.

Patton, M. Q. (1980). *Qualitative evaluation methods*. Beverly Hills: Sage Publications.

Pennsylvania Association for Retarded Citzens (PARC) v. Commonwealth of Pennsylvania, 334 F. Supp. 1257 (1971).

Pfeiffer, S. P. (1980). The influence of diagnostic labeling on special education placement decisions. *Psychology in the Schools*, *17*, 346-350.

Pohland, P. A. (1971). *Participant observation as a research methodology*. Paper presented at the National Art Education Association Convention, Dallas.

Poland, S., Ysseldyke, J., Thurlow, M., & Mirkin, P. (1979). Current assessment and decision-making practices in school settings as reported by directors of special education (Research Report No. 14). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Prugh, D. G., Engel, M., & Morse, W. C. (1975). Emotional disturbance in children. In N. Hobbs (Ed., Issues in the classification of children (Vol. 1) (pp. 261-299). San Francisco: Jossey-Bass, Inc.

Public School Code, NMSA 22-13-6, Supp. (1979).

Report on the examination for educational diagnosticians (1977). Santa Fe: State Department of Education, Division of Special Education.

Reschly, D. J. (1978). Nonbiased assessment and school psychology (Research Report). Des Moines: Iowa State Department of Public Instruction, Division of Pupil Personnel Services.

Reynolds, M. C. (1972). Categories and variables in special education. In M. C. Reynolds & M. C.Davis (Eds.), Exceptional children in regular classrooms (pp. 51-63). Minneapolis: University of Minnesota.

Reynolds, M. C. (1975). More process than is due. Theory Into Practice, 14, 61-68.

Reynolds, M. C. (1979). Opening remarks. In J. E. Ysseldyke & P. K. Merkin (Eds.), Proceedings of the Minnesota roundtable conference on assessment of learning disabled children (Monograph No. 8)(pp. 9-14). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Reynolds, M. C. (1980). Education of handicapped students: Some areas of confusion. Phi Delta Kappan, 61, 603-604.

Rogow, S., & David, C. (1974). Special education: Perspectives, trends and issues. Phi Delta Kappan, 55, 514-515.

Rosenthal, R., & Jacobson, L. (1968). Pygmalion in the classroom: Teacher expectation and pupils' intellectual development. New York: Holt, Rinehart & Winston.

Ross, J., & Salvia, J. (1975). Attractiveness as a biasing factor in teacher judgments. American Journal of Mental Deficiency, 80, 96-98.

Rubin, R. A., Krus, P., & Balow, B. (1973). Factors in special class placement. *Exceptional Children*, *39*, 525-532.

Salvia, J., & Clark, J. (1973). Use of deficits to identify the learning disabled. *Exceptional Children*, *39*, 305-308.

Salvia, J., & Ysseldyke, J. (1978). *Assessment in special and remedial education*. Boston: Houghton-Mifflin.

Sandoval, A, & Landon, S. (1981, April 19). Childrn becoming casualties in battle over state special ed. *Albuquerque Journal*, pp. A-1, A-6.

Schatzman, L., & Strauss, A. L. (1973). *Field research: Strategies for a natural sociology*. Englewood Cliffs, NJ: Prentice-Hall.

Schwartz, M., Stiefel, N., & Schmuck, R. (1976). *The development of educational teams*. Eugene, OR: Center for Educational Policy and Management (ERIC Document Reproduction Service No. 141-949).

Seaver, W. B. (1973). Effects of naturally induced teacher expectancies. *Journal of Personality and Social Psychology*, *28*, 333-342.

Shaw, M. E. (1932). A comparison of individuals and small groups in the rational solution of complex problems. *American Journal of Psychology*, *44*, 491-504.

Special education district policies and procedures. (1982). District 112 (correct name of district not provided for reasons of confidentiality)

Special education status report for 1980-1981. (1981). Santa Fe: State Department of Education, Division of Special Education.

State standards for special education (1972). Santa Fe: State Department of Education, Division of Special Education.

Swanson, H. L., & Watson, B. L. (1982). *Educational and psychological assessment of exceptional children: Theories, strategies, and applications*. St. Louis: The C. V. Mosby Company.

The Approriations Act, New Mexico Laws of 1974, Chapter 3, 471.

The Appropriations Act, New Mexico Laws of 1975, Chapter 17, 2379.

The Appropriations Act, New Mexico Laws of 1976, Chapter 58, 419.

The Appropriations Act, New Mexico Laws of 1977, Chapter 50, 98.

The Rehabilitation Act of 1973, P.L. 93-112, 29 U.S.C. 706, 87 Stat. 34 (1973).

Thorndike, R. L. (1938). The effect of discussion upon the correctness of group decisions, when the factor of majority is allowed for. Journal of Social Psychology, 9, 343-362.

Thorndike, R. L. (1971). Concepts of culture fairness. Journal of Educational Measurement, 8, 63-70.

Thurlow, M. L., & Ysseldyke, J. E. (1979). Current assessment and decision-making practices in model LD programs. Learning Disability Quarterly, 2, 15-24.

Thurlow, M. L., & Ysseldyke, J. E. (1980a). Factors influential on the psychoeducational decisions reached by teams of educators (Research Report No. 25). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Thurlow, M. L., & Ysseldyke, J. E. (1980b). Introduction. In J. E. Ysseldyke & M. L. Thurlow (Eds.), The special education assessment and decision-making process: Seven case studies (Research Report No. 44) (pp. 1-6). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Tuckman, J., & Lorge, I. (1962). Individual ability as a determinant of group superiority. Human Relations, 15, 45-51.

Turnbull, H. R. (1975). Legal aspects of educating the developmentally disabled. Topeka, Kansas: National Organization on Legal Problems of Education.

Turnbull, H. R. (1978). The past and future impact of court decisions in special education. Phi Delta Kappan, 59, 523-527.

Turnbull, H. R. (1981). Legal precedent and the individual case: How much can be generalized from court findings? Exceptional Education Quarterly, 2, 81-90.

Valente, W. D. (1980). Law in the schools. Columbus, OH: Charles E. Merrill.

Watson, G. B. (1928). Do groups think more efficiently than individuals? Journal of Abnormal and Social Psychology, 23, 328-336.

Weatherley, R., & Lipsky, M. (1977). Street-level bureaucrats and institutional innovation: Implementing special-education reform. Harvard Educational Review, 47, 171-197.

Webster's new world dictionary of the American language (1962). New York: The World Publishing Company.

Weintraub, F. J., & Abeson, A. (1974). New education policies for the handicapped: The quiet revolution. *Phi Delta Kappan*, *55*, 526-529, 569.

Wepman, J. P., Cruickshank, W. M., Deutsch, C. P., Morency, A., & Strather, C. R. (1975). Learning disabilities. In N. Hobbs (Ed.). *Issues in the classification of children* (Vol. 1) (pp. 300-317. San Francisco: Jossey-Bass, Inc.

Wickes, T. A. (1956). Examiner influence in a testing situation. *Journal of Consulting Psychology*, *20*, 23-26.

Wilcox, K. (1982). Ethnography as a methodology and its application to the study of schooling: A review. In G. Spindler (Ed.), *Doing the ethnography of schooling: Educational anthropology in action* (pp. 456-488). New York: Holt, Rinehart & Winston.

Wiles, J., & Bondi, J. (1981). *The essential middle school*. Columbus, Ohio: Charles E. Merrill.

Wilson, S. (1977). The use of ethnographic techniques in educational research. *AERJ*, *47*, 245-263.

Wolcott, H. F. (1970). An ethnographic approach to the study of school administrators. *Human Organization*, *29*, 115-122.

Wood, C. (1977). *The attempted use of participatory strategies in a localist educational group: A description and analysis*. Unpublished doctoral dissertation, Washington University, Missouri.

Wood, F. H., & Lakin, K. C. (1979). Defining emotionally disturbed/behaviorally disordered populations for research purposes. In F. H. Wood & K. C. Lakin (Eds.), *Disturbing, disordered or disturbed? Perspectives on the definition of problem behavior in educational settings* (pp29-48). Minneapolis: University of Minnesota, Advanced Institute for Trainers of Teachers for Seriously Emotionally Disturbed Children and Youth.

Yahraes, H., & Prestwich, S. (1976). *Detection and prevention of learning disorders*. National Institute of Mental Health, Department of Health, Education and Welfare Publication #(ADM) 76-3337.

Yetton, P. W., & Bottgen, P. C. (1982). Individual versus group problem solving: An empirical test of a best-member strategy. *Organizational Behavior and Human Performance*, *29*, 307-321.

Yoshida, R. K., Fenton, K. S., Maxwell, J. P., & Kaufman, M. J. (1978). Group decision making in the planning team process: Myth or reality? *Journal of School Psychology*, *16*, 237-244.

Yoshida, R. K., & Meyers, C. E. (1975). Effects of labeling as educable mentally retarded on teachers' expectancies for change in a student's performance. *Journal of Educational Psychology*, *67*, 521-527.

Ysseldyke, J. E. (1979). Issues in psychoeducational assessment. In D. Reschly & G. Phye (Eds.), *School psychology: Perspectives & issues* (pp. 87-121). New York: Academic Press.

Ysseldyke, J., & Algozzine, B. (1979). *Perspectives on assessment of learning disabled students* (Monograph No. 11). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Ysseldyke, J. E., & Algozzine, B. (1980). *Diagnostic classification decisions as a function of referral information* (Research Report No. 19). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Ysseldyke, J. E., Algozzine, B., Regan, R.R, Patter, M., Richey, L., & Thurlow, M. (1980). *Psychoeducational assessment and decision making: A computer-simulated investigation* (Research Report No. 32). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Ysseldyke, J. E., Algozzine, B., & Thurlow, M. (1980). *A naturalistic investigation of special education team meetings* (Research Report No. 40). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Ysseldyke, J. E., & Regan, R. R. (1980). Nondiscriminatory assessment: A formative model. *Exceptional Children*, *46*, 465-466.

Ysseldyke, J. E., & Sabatino, D. A. (1972). Statistical differences between subtest scaled scores and psycholinguistic ages on the ITPA. *Psychology in the Schools*, *9*, 309-313.

Ysseldyke, J. E., & Thurlow, M. L (Eds.) (1980). *The special education assessment and decision-making process: Seven case studies*. Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Zach, L. (1975). The IQ debate. In E. P. Torrance & W. F. White (Eds.), Issues and advances in educational psychology (2nd edition) (pp. 134-142). Itasca, IL: F. E. Research Publishers, Inc.

Zander, A. (1982). Making groups effective. San Francisco: Jossey-Bass Publishers.

Zigler, E., & Phillips, L. (1961). Psychiatric diagnosis: A critique. Journal of Abnormal and Social Psychology, 63, 607-618.

References Not Cited

Algozzine, B. (1979). An analysis of the disturbingness and acceptability of behaviors as a function of diagnostic label. (Research Report No. 4). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Algozzine, B., & Curran, T. J. (1971). Teachers' predictions of a child's school success as a function of their behavioral tolerances. Journal of Educational Research, 11, 91-98.

Algozzine, R. J., & Sutherland, J. (1977). Non-psychoeducational foundations of learning disabilities. Journal of Special Education, 11, 91-98.

Alley, G. R., Deshler, D. D., & Mellard, D. (1979). Identification decisions: Who is the most consistent? Learning Disability Quarterly, 2, 99-103.

Beatty, J. R. (1977). Identifying decision-making policies in the diagnosis of learning disabilities. Journal of Learning Disabilities, 10, 201-209.

Bennett, R. E. (1981). Issues in the educational assessment of children with learning and behavior disorders. Journal of International Association of Pupil Personnel Workers, 25, 201-210.

Bronfenbrenner, U. (1976). The experimental ecology of education. Teacher's College Record, 78, 157-204.

Bruyn, S. (1963). The methodology of participant observation. Human Organization, 22, 224-235.

Coles, G. S. (1978). The learning-disabilities test battery: Empirical and social issues. *Harvard Educational Review*, *48*, 313-340.

Cooper, M. R., & Wood, M. T. (1974). Effects of member participation and commitment in group decision making on influence, satisfaction, and decision riskiness. *Journal of Applied Psychology*, *59*, 127-134.

Feldman, M. S., & March, J. G. (1981). Information in organizations as signal and symbol. *Administrative Science Quarterly*, *26*, 171-186.

Glasser, B. G., & Strauss, A.L. (1978). Grounded theory. In N. K. Denzin (Ed.), *Sociological methods: A Sourcebook*. New York: McGraw Hill.

Gulley, H. E., & Leathers, D. G. (1977). *Communication and group process* (3rd Ed.) New York: Holt, Rinehart & Winston.

Hines, L. (1981). Nondiscriminatory testing: The state of the art. *Peabody Journal of Education*, *58*, 119-124.

Hoffman, L. R., & Maier, N. R. F. (1959). The use of group decision to resolve a problem of fairness. *Personnel Psychology*, *12*, 545-559.

Joiner, L. M., & Sabatino, D. A. (1981). A policy study of P.L. 94-142. *Exceptional Children*, *48*, 24-33.

Kirp, D., Buss, W., & Kuriloff, P. (1974). Legal reform of special education: Empirical studies and procedural proposals. *California Law Review*, *62*, 40-155.

Koppitz, E. M. (1977). Strategies for diagnosis and identification of children with behavior and learning problems. *Behavior Disorders*, *2*, 136-140.

Krass, M. S. (1976). The right to public education for handicapped children: A primer for the new advocate. *University of Illinois Law Forum*, *4*, 1016-1079.

Magliocca, L. A., & Stephens, T. M. (1980). Child identification or child inventory? A critique of the federal design of child-identification systems implemented under PL 94-142. *Journal of Special Education*, *14*, 23-36.

Maier, N. R. F. (1963). *Problem solving discussions and conferences: Leadership methods and skills*. New York: McGraw Hill.

March, J. G. (1978). Bounded rationality, ambiguity, and the engineering of choice. *The Bell Journal of Economics*, *9*, 587-608.

March, J. G. (1981). Decisions for organizations and theories of choice. In A. Van den Ven & W. Joyce (Eds.), *Assessing Organizational Design and Performance*. New York: Wiley Interscience.

March, J. G., & Simon, H. A. (1958). *Organizations*. New York: Wiley.

March, J. G., & Simon, H. A. (1969). Dysfunctins in organizations. In F. D. Carver & T. J. Sergiovanni (Eds.), *Organization and human behavior: Focus on schools* (pp. 63-70). New York: McGraw-Hill Book Co.

Marron, H., Powell, G., & Ely, D. (1976). Placement or placebo: Does additional information change special education placement decisions? *Journal of School Psychology*, *14*, 186-191.

McComy, J. L. (1947). Analysis of the process of decision-making. *Public Administration Review*, *7*, 41-48.

Mooney, C., & Algozzine, B. (1978). A comparison of the disturbingness of ED and LD behaviors. *Journal of Abnormal Psychology*, *6*, 401-406.

Pruitt, D. G. (1971). Choice shifts in group discussion: An introductory review. *Journal of Personality and Social Psychology*, *20*, 339-358.

Quay, H. C. (1973). Special education: Assumptions, techniques, and evaluative criteria. *Exceptional Children*, *40*, 165-170.

Rauth, M. (1981). What can be expected of the regular education teacher? Ideals and realities. *Exceptional Education Quarterly*, *2*, 27-36.

Richmond, B. O., & Waits, C. (1978). Special education—Who needs it? *Exceptional Children*, *44*, 279-280.

Rubin, R. A., & Balow, B. (1971). Learning and behavior disorders: A longitudinal study. *Exceptional Children*, *38*, 293-299.

Savoy, D. G. (1977). How - starting - this fall - the new "handicapped law" will jolt nearly every school board in the U.S. *The American School Board Journal*, *165*, 53-55.

Selznick, P. (1957). Leadership in Administration. Evanston, IL: Row, Peterson and Company.

Sparks, R., & Richardson, S. (1981). Multicategorical/Cross-categorical classrooms for learning disabled students. Journal of Learning Disabilities, 14, 60-61 .

Staffieri, J. (1967). A study of social stereotypes of body image in children. Journal of Personality and Social Psychology, 7, 101-104.

Swap, S. M. (1974). Disturbing classroom behaviors: A developmental and ecological point of view. Exceptional Children, 41, 163-171.

Thomas, E. J., & Fink, C. F. (1961). Models of group problem solving. Journal of Abnormal and Social Psychology, 63, 53-63.

Thorndike, R. L. (1938). On what type of task will a group do well? Journal of Abnormal and Social Psychology, 33, 409-413.

Turnbull, H. R. (1975). Legal aspects of educating the developmentally disabled. Topeka, Kansas: National Organization on Legal Problems of Education (NOLPE).

Walker, J. (Ed.) (1976). Functions of the placement committee in special education. Washington, D.C.: National Association of State Directors of Special Education.

Walsh, M. E., Serafica, F. C., & Bibace, R. (1976). Referral of the child with learning problems: Bridging a communication gap. Psychology in the Schools, 13, 50-57.

Wilson, G. A. (1975). Legal concerns in special education. Theory Into Practice, 14, 69-72.

Wood, C. J. (1978). Participatory decision making in a localist task group: A case study. Paper prepared for the American Educational Research Association Annual Meeting, Toronto, Canada.

Ysseldyke, J. E., & Algozzine, B. (1979). Perspectives on assessment of learning disabled students. Learning Disability Quarterly, 2, 3-13.

Ysseldyke, J. E., Algozzine, B., & Allen, D. (1982). Participation of regular education teachers in special education team decision making. Exceptional Children, 48, 365-366.

Ysseldyke, J. E., Algozzine, B., Patter, M, & Regan, R. (1980). A descriptive study of students enrolled in a program for the severely learning disabled (Research Report No. 45). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities.

Zander, A. (1977). Groups at work. San Francisco: Jossey-Bass Publishers.

Appendices

Appendix A

Log of Observations and Interviews

Observations

Support team meetings

- School C, October 28, 1981
- School B, November 6, 1981
- School B, November 12, 1981
- School A, November 13, 1981
- School A, December 1, 1981
- School C, December 2, 1981
- School B, December 3, 1981
- School C, December 9, 1981
- School C, January 6, 1982
- School B, January 7, 1982
- School C, January 15, 1982
- School B, January 21, 1982
- School C, January 27, 1982
- School C, February 4, 1982
- School A, February 6, 1982
- School C, February 10, 1982
- School C, March 10, 1982

Referral team meetings

- School B, October 29, 1981
- School B, November 19, 1981
- School C, December 7, 1981
- School B, December 17, 1981
- School A, January 7, 1982
- School C, January 18, 1982
- School B, January 28, 1982
- School A, February 11, 1982
- School A, March 4, 1982
- School C, May 3, 1982

EA&R meetings

- School A, January 7, 1982
- School B, January 14, 1982
- School C, January 26, 1982
- School A, Februry 11, 1982 (two meetings)
- School A, February 25, 1982
- School A, March 4, 1982
- School B, April 28, 1982

Other meetings

Prioritizing support team referrals, February 1, 1982
District level program review, March 12, 1982
Area level program reviews, March 23, 24, and 30, 1982

Interviews

Personnel directly involved at the school

Special Education Head Teacher and Support Team Chairperson - October 16, 1981
Counselor - October 19, 1981; January 18, 1982
Special Education Head Teacher - October 26, 1981; January 25, 1982
Special Education Head Teacher - November 2, 1981; December 2, 1981
Principal - November 4, 1981; February 1, 1982
Counselor - November 5, 1981; March 25, 1982
Principal - November 5, 1981; March 25, 1982
Support Team Chairperson - November 9, 1982
Diagnostician - November 9, 1981; March 22, 1982
Principal - November 12, 1981
Program Coordinator - December 8, 1981
Special Education Teacher - January 13, 1982
Special Education Head Teacher - January 26, 1982
Counselor - February 1, 1982
Program Coordinator - February 12, 1982
Teacher, February 16, 1982
Teacher, February 16, 1982
Teacher, February 16, 1982
Teacher, February 16, 1982
Teacher, February 16, 1982
Special Education Teacher - February 16, 1982
Counselor - February 18, 1982
Program Coordinator - February 25, 1982
Teacher, March 2, 1982
Teacher, March 2, 1982
Teacher, March 2, 1982
Teacher, March 2, 1982
Teacher, March 2, 1982
Teacher, March 2, 1982
Diagnostician - March 2, 1982
Diagnostician, March 4, 1982
Teacher, March 9, 1982
Special Education Teacher - March 10, 1982
Teacher - March 11, 1982
Teacher - March 11, 1982
Teacher - March 11, 1982
Teacher - March 11, 1982
Teacher - March 11, 1982

Special Education Teacher - March 17, 1982
Counselor - March 17, 1982
Assistant Principal - March 17, 1982
Assistant Principal - March 25, 1982
Special Education Teacher - March 26, 1982
Counselor - March 26, 1982
Assistant Principal - March 26, 1982

Personnel not directly involved at school

Area Coordinator - November 17, 1981
Director - December 4, 1981; April 27, 1982
Area Coordinator - January 29, 1982; March 29, 1982
Area Coordinator - February 19, 1982
IEP Officer - March 22, 1982
Assistant Director - March 29, 1982
Associate Superintendent - April 27, 1982
Area Superintendent - May 20, 1982
Area Superintendent - June 9, 1982
Area Superintendent - June 15, 1982

Persons interviewed to obtain historical background

University Professor - April 1, 1982
Coordinator of Information, Systems Analysis and Planning - April 27, 1982
IEP Officer - May 5, 1982
State Director - May 25, 1982
District Superintendent - June 6, 1982
Director of Public School Finance - July 18, 1982

Appendix B

List of Required Referral Data

(This listing has been taken from The Special Education District Policies and Procedures Manual, p. 11.)

4.6.1. A copy of the letter of notification to parents. It is the responsibility of the school team to notify the parent(s) in writing that a referral has been made. . . . The date of this letter must coincide with the date on which the school team agreed to refer the student.

4.6.2. Documentation of previous interventions attempted such as alternative teaching methods, counseling, contracting, schedule changes, change of classroom, Title I services, or parent contacts.

4.6.3. A completed referral form.

4.6.4. Attendance record.

4.6.5. Informal behavioral observation, if the student is being considered for behavioral concerns.

4.6.6 A narrative report by the referring person regarding the reasons for referral (for example: academic, behavior, motivation, use of oral language) and/or reports from other teachers and other personnel having contact with the student.

4.6.7. Include copies of any screening instruments completed by school staff members, including speech/language screening.

4.6.8. Additional pertinent information, including, but not limited to reports from outside agencies, information from cumulative folder, CTBS scores and summary of grades.

4.6.9. Appropriate behavior rating scale for area of suspected exceptionality.

a. Behaviorally Disordered:
Peterson Quay's Rating Scale
Burkes' Behavior Rating Scale

b. Learning Disabled:
Myklebust Pupil Rating Scale

c. Gifted:
Matrix on Gifted

4.6.10 Referrals for the following suspected exceptionalities must include items from the above list as follows:

Referrals for Speech Articulation .... #1,2,3,7
Referrals for Speech and Language ..... #1,2,3,4,6,7,8
Referrals for Gifted .... #1,3,6,8,9
Referrals for all other reasons....... #1,2,3,4,5,6,7,8,9